FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	V29320
4 . O 41 41 4	

R. CHIGE, INC.

Principal	Place of	Business



Principal Place	of Business	Mailing Addr	ess			
4531 NORTH DIXIE HIGHWAY BOCA RATON FL 33431		4531 NORTH DIXIE HIGHWAY			· ·	
		BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						04/17/1992
9 Principal Di	ace of Business	2a Mailing A	ddress			4. FEI Number Applied For
	ace of business	<u> </u>			11-2567496 Not Applicat	
Suite, Apt.	# etc	26 Suite, Ap	t. #. etc.			\$8.75. Additional
	π, οιο.	27	,			5. Certificate of Status Desired Fee Required
City & State	B	City & St	ate			6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible
24	25	29	30	•		Personal Property Tax. ☐ Yes ☐ No
2-4	9. Name and Address of Curre			<u> </u>		10. Name and Address of New Registered Agent
				81	Name	
	BE, RONNIE			82	Street Ad	idress (P.O. Box Number is Not Acceptable)
4531	N. DIXIE HIGHWAY			82	Street A0	ULESS (F.O. DOX MULLIDEL IS NOT Acceptable)
BOC	A RATON FL 33431			83		
				<u> </u>		Op 7:- 0-45
				84	City	FL 85 Zip Code
41 Pursuant t	to the provisions of Sections 607.05	02 and 607.1508. F	Florida Statutes, 1	the above	e-named co	reporation submits this statement for the purpose of changing its registered
office or re	egistered agent or both in the State	of Florida Such c	bance was autho	orized by	the corpora	ation's board of directors. I hereby accept the appointment as registered
agent, I ar	m familiar with, and accept the oblig	auons oi, Section 6	or.veve, rionda	Statutes	••	•
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Red	jistered Age	nt signature requ	uired when reinstating) DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE		☐ Change ☐ Add
NAME	CHIGE, RONNIE			1.2 NAME		
STREET ADDRESS	4531 N. DIXIE HWY			1.3 STREE	TADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431			1.4 CITY-S	1	
TITLE			DELETE	2.1 TITLE		Change Add
NAME				2.2 NAME]	
STREET ADDRESS					TADDRESS	ř s
				.2.4 CITY-5	1	d
CITY-ST-ZIP TITLE			DELETE	3.1 TITLE	3174IF	Change + Add
		•		3.2 NAME	ĺ	
NAME CYPEET ADDRESS					TADDRESS	•
STREET ADDRESS						
CITY-ST-ZIP			DELETE	3.4. CITY-5	31+ZIP	☐ Change ☐ Add
TITLE				4.2 NAME		
NAME					T ADDRESS	
STREET ADDRESS						•
CITY-ST-ZIP		г	DELETE	4.4 CITY-S	51-ZIP	. Change Add
TITLE		L	_ perele	5.1 TITLE 5.2 NAME		, January 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
NAME					TARROTTO	
STREET ADDRESS					TADDRESS	•
CITY-ST-ZIP				5.4 CITY-S	ST-ZIP	
TITLE		(DELETE	6.1 TITLE	İ	☐ Change ☐ Add
NAME				6.2 NAME	1	•
STREET ADDRESS				6.3 STREE	TADDRESS	•
CITY-ST-ZIP			;	6.4 CITY-S	ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address with all patier like empowered.