SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 29 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # V39919 (8) CHAFONG, INC. Principal Place of Business Mailing Address 3600 S. CONGRESS AVENUE 3600 S. CONGRESS AVENUE STE P BOYNTON BEACH FL 33426 DO NOT WRITE IN THIS SPACE BOYNTON BEACH FL 33426 ÜŚ 3a. Date of Last Report 3. Date Incorporated or Qualified 06/01/1992 08/08/1996 2. Principal Place of Business 21 P.O. Bx 47 Applied For Mailing Address P.O. Box 26 Not Applicable 65-0336316 Sulte, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 72530 4723 25 Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ri Name FONG, BRUCE R. Street Address (P.O. Box Number is Not Acceptable) 3600 S. CONGRESS AVENUE 82 STE P **BOYNTON BEACH FL 33426** 83 Cit Boynton Sut 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conforation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tamiliar with, and accept the objections of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ₹9 TITLE DELETE 1.1 TITLE Change Addition FLANAGAN, CHARLES R. NAME 1.2 NAME 2590-D ALBATROSS ROAD STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition FONG, BRUCE R. NAME 2.2 NAME 12330 SAND WEDGE DR. STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 THLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 on an attachment with an address.

SIGNIPARE DI AMBRIDE

FILED