SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

V42035

(8)

CHOC	n a maj con	SINUCION,	INC.				į			<u> </u>	
Principal Place of Business			Mailing Address								
119 CHIPOLA ROAD #11 COCOA BEACH FL 32931			119 CHIPOLA ROAD #11 COCOA BEACH FL 32931								
US			US					 Date Incorporated or Qualified 06/04/1992 	1	e of Last Report 1 7/1995	
2. Principal F	Place of Business		28. Mailing Address 26					4. FÉI Number 59-3131074		Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75 Additional	
22			27					5. Certificate of Status Desired		Fee Required	
City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Žip	0	ountry	Zip Cou			B. This corporation has liability for intangible tax under s. 199.032,					
24	25		29 30		30			Florida Statutes Yes X No			
	9. Name and A	ddress of Curre	t Registered Agent				1	10. Name and Address of New Registered Agent			
VE	RMA, RAJESH				81	Name					
77	80 NW 78TH AVI	ENUE				Street	Address	dress (P.O. Box Number is Not Acceptable)			
	ITIE 1-213 Ma ra c Fl 3332	1									
10	WINING I L 3032	•			84	City			FL	85 <i>Z</i> ip Code	
11. Pursuant	to the provisions of	Sections 607 050	02 and 607 1508 Flori	da Statutes	s the above	named a	corporat	ion submits this statement for the p		nanoing its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, typed or printe			MOTE	Registered Age				DATE		
12.	Signature, typeo or printe		ND DIRECTORS	(NOTE	13.	nt signature	e tednitea m	ADDITIONS/CHANGES TO OFFI		DIRECTORS IN 12	
TITLE	D	01110211074		ELETE	1.1 TITLE		Γ	, 1001110110, 0.1. 0.1020 10 011.	T	Change Addition	
NAME	VERMA, RAJE	SH			1.2 NAME		ļ		-		
STREET ADDRESS	160 SHEPARI				1.3 STREET	ADDRESS]	ł				
CITY-ST-ZIP	COCOA BEA				14 C/TY+S	T-ZIP	1				
TITLE	D			ELETE	21 TITLE					Change Addition	
NAME	BILLIAS, CHA	RLES J.			2.2 NAME					ł	
STREET ADDRESS	119 CHIPOLA	RD			2.3 STREET	ADDRESS					
CITY-ST-ZIP	COCOA BEAU	CH FL			2.4 CITY - S	1- ZIP		····			
TITLE				ELET#	3.1 TITLE		1		Ĺ	Change Addition	
NAME	[3.2 NAME						
STREET ADDRESS	1				3.3 STREET						
CITY-ST-ZIP			17%	ELETE	3.4. CITY - S	T - ZIP	ļ	· · · · · · · · · · · · · · · · · · ·		Change Addition	
TITLE				יבובום	4.1 TITLE				L	Tousings T. Magitton	
NAME CTOCET ADDOCCO	Į.				4. 2 NAME	*DDDLcc				ļ	
STREET ADDRESS	İ				4.3 STREET						
CITY-ST-ZIP TITLE				ELETE	4.4 CITY - ST	1-21P	 		·	Change Addition	
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET	ADDRESS					
CITY-ST-ZIP	<u> </u>				5.4 CITY-S		<u> </u>			ļ	
TITLE				ELETE	6.1 TITLE		 			Change Addition	
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS					
CITY-ST-ZIP					6.4 CITY - ST	r-ZIP					
م م د ماهد بگ	بسيماما مباة أمحاة بالأأم	حب أممُ لم مالم ما ممالي	. Hain annual samast as .		معامين سيمامه		المحمدان	or the exemption stated in Section accurate and that my signature sha	محطة منتمطال	anno local officet on if	
made under oath; that I am an officer or director of the corporation or the occurrence of the empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.											

SIGNATURE:

RAJESH VERMA

(954) 724 - 2427 Daytime Phone #

FILED

Jul 05 1996 8:00am

Secretary of State