

FILE NOW - EN NO FEE AFTER MAY 1 1995

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JAMES G. MONTGOMERY
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63710

(0)

1. Corporation Name

CHI AND G, INC.

95 APR 21 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**WEST PALM BEACH FL 33409
US**

Mailing Address

**1551 FORUM PLACE
WEST PALM BEACH FL 33401
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/15/1992

3a. Date of Last Report

05/01/1994

4. Fed Number

65-0354773

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. This corporation is not liable for a franchise fee under S. 129.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

22

City & State

27

Country

23

Country

28

24

9. Name and Address of Current Registered Agent

**RICHARDSON, KEVIN F ESQ
1551 FORUM PLACE
SUITE 300C
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DPST
NAME LEFEBRE, MICHAEL
STREET ADDRESS 1649 FORUM PL
CITY - ST - ZIP WEST PALM BEACH FL 33401**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Michael Lefebre

MICHAEL LEFEBRE

4-10-95

(407)689-3849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #