

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90102 046 \*\*\*158.75

0351343

DOCUMENT # V65113

1. Corporation Name  
INNER CHI, INC.

Principal Place of Business

5358 SHIRLEYDRIVE  
JUPITER FL 33458

Mailing Address

5358 SHIRLEYDRIVE  
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 408 Commerce way  
Suite, Apt. #, etc.  
22 suite 4  
City & State  
23 Jupiter FL  
Zip  
24 33458 Country  
25 US

2a. Mailing Address  
26 408 Commerce way  
Suite, Apt. #, etc.  
27 suite 4  
City & State  
28 Jupiter FL  
Zip  
29 33458 Country  
30 USA

3. Date Incorporated or Qualified

09/18/1992

4. FEI Number  
65-0357286

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

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINA, R.M.  
5358 SHIRLEYDRIVE  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

R.M. Martina

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

408 Commerce way suite 4

83

84 City

Jupiter

FL

85 Zip Code

33458

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

R.M. MARTINA

2/4/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
MARTINA, R.M.  
5358 SHIRLEYDRIVE  
JUPITER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PST  
R.M. Martina  
408 Commerce way suite 4  
Jupiter FL 33458

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date

5817473256

Daytime Phone #

CR2E034 (11/98)