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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 274449 (8)

1. Corporation Name:
CHARLES A. VON STEIN, INC.

Principal Place of Business
1600 SOUTH FEDERAL HWY
SUITE 200
POMPANO BCH. FL 33062
US

Mailing Address
1600 S FEDERAL HWY
SUITE 200
POMPANO BCH. FL 33062-7517
US



3. Date Incorporated or Qualified 10/07/1963
3a. Date of Last Report 02/29/1996

4. FEI Number 59-1027633
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

VON STEIN, CHARLES H.
6271 BAY CLUB DR
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name GLORIA H. VON STEIN
82 Street Address (P.O. Box Number is Not Acceptable)
6271 Bay Club Drive
83 Ft. Lauderdale, FL 33308
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 for the family, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Gloria H. Von Stein* Gloria Von Stein, Agent 2/20/97
Signature of person or persons of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	VON STEIN, LEE T	
STREET ADDRESS	1030 SE 7TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VON STEIN, CHARLES H	
STREET ADDRESS	6271 BAY CLUB DR	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VON STEIN, GLORIA	
STREET ADDRESS	6271 BAY CLUB DRIVE	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VON STEIN, KIRK	
STREET ADDRESS	2216 N CYPRESS BEND DRIVE BLDG 14	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Gloria H. Von Stein*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20 1997 954-943-8501
Daytime Phone

CR2E034 (9/96)