FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **558972** **(6)**

1. Corporation Name
CHAR - HUT II, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4800 SW 64TH AVE. SUITE 106 DAVIE FL 33314 US	4800 SW 64TH AVE. SUITE 106 DAVIE FL 33314 US

3. Date Incorporated or Qualified: **01/25/1978** 3a. Date of Last Report: **03/28/1994**

4. FEI Number: **59-1810485** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CAMMISA, JOSEPH P.
4800 SW 64TH AVE.
SUITE 106
DAVIE FL 33314

10. Name and Address of New Registered Agent

61 Name: EDMOND KIROUAC
62 Street Address (P.O. Box Number is Not Acceptable): 4800 S.W. 64TH AVE
63: SUITE 106
64 City: DAVIE FL 65 Zip Code: 33314

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: EDMOND KIROUAC — Edmond Kirouac — 4-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT	1.1 TITLE	☑ Change ☐ Addition
NAME	WELLER, MARINA	1.2 NAME	SECRETARY, TREASURER
STREET ADDRESS	9384 N.W. 8TH CIRCLE	1.3 STREET ADDRESS	DIRECTOR
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	SDV	2.1 TITLE	☑ Change ☐ Addition
NAME	KIROUAC, EDMUND F	2.2 NAME	PRESIDENT
STREET ADDRESS	10461 NW 18TH DR.	2.3 STREET ADDRESS	DIRECTOR
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☑ Change ☐ Addition
NAME	CAMMISA, JOSEPH P	3.2 NAME	NO LONGER
STREET ADDRESS	10951 SW 42ND CT.	3.3 STREET ADDRESS	WITH THIS COMPANY
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☑ Change ☐ Addition
NAME	CAMMISA, CATHY	4.2 NAME	NO LONGER
STREET ADDRESS	10951 S.W. 42ND COURT	4.3 STREET ADDRESS	WITH THIS COMPANY
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	VTD	5.1 TITLE	☑ Change ☐ Addition
NAME	KIROUAC, VIRGINIA	5.2 NAME	VICE PRESIDENT
STREET ADDRESS	10461 N.W. 18TH DR.	5.3 STREET ADDRESS	DIRECTOR
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 filing is voluntarily furnished and 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: MARINA WELLER, Marina Weller 4/3/95 305-581-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SECT., TRES.

0222936 CP