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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760112 (3)

1. Corporation Name
CHARLOTTE TRADE CENTER ASSOCIATION, INC.



Principal Place of Business 1225 TAMiami TRAIL B-20 PORT CHARLOTTE FL 33953	Mailing Address 1225 TAMiami TRAIL B-20 PORT CHARLOTTE FL 33953-3869
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3. Date Incorporated or Qualified 09/21/1981	3a. Date of Last Report 03/21/1996
4. FLI Number 59-2327572	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**EPPERLY, EDWARD
 1225 TAMiami TR B11
 PT CHARLOTTE FL 33953**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	
84. City	85. Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, ED	1.2 NAME	
STREET ADDRESS	1225 TAMiami TRAIL, A-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVENSEN, LAURA	2.2 NAME	
STREET ADDRESS	20280 RUTHERFORD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, JAY	3.2 NAME	
STREET ADDRESS	1225 TAMiami TRAIL, A-10	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SYLVIA S	4.2 NAME	
STREET ADDRESS	1225 TAMiami TRAIL, B-20	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPERLY, ED	5.2 NAME	
STREET ADDRESS	1225 TAMiami TRAIL B-11	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)