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 Mar 17 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 760112 (3)
 1. Corporation Name
 CHARLOTTE TRADE CENTER ASSOCIATION, INC.



Principal Place of Business: 1225 TAMiami TRAIL Unit A-1 PORT CHARLOTTE FL 33953
 Mailing Address: 1225 TAMiami TRAIL Unit A-1 PORT CHARLOTTE FL 33953

3. Date Incorporated or Qualified: 09/21/1981
 4. FEI Number: 59-2327572
 Applied For: Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

6. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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 reinstating) 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	EPPERLY, ED	4.2 NAME	
STREET ADDRESS	1225 TAMiami TRAIL B-11	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: *[Signature]* 3/10/98 (94) 627-9899

CR2E037 (10/97)