## 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

## Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90006 028 \*\*\*150.00

**FILED** 

## **DOCUMENT # F68968** 1. Corporation Name

CHARLES INVESTMENTS, INC.

}	OTATIECO	·										
H	Principal Place	rincipal Place of Business Mailing Address						i iadiiae iste unon turse serre e	(101 101: BIR(1013	)ti	11. 010.1 1001	
١	4497 DIAMOND			\								
	SARASOTA FL 34233 SARASOTA FL 34233							DO NOT WRITE IN THIS SPACE				
US US							ŀ	3. Date Incorporated or Qualifed	12117 17110 1			
								03/01/1982			Ì	
Principal Place of Business     2a. Mailing Address							-+	4. FEI Number		App	lied For	
21			26				ļ	59-2188242		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			$\neg \uparrow$	\$8.75 Additional					
Ι,	22	1		27				5. Certifcate of Status Desired		Fee Req	uired	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be					
ŀ	23		28					Trust Fund Contribution Added to Fees				
f	Zip	Country	Zip	Zip Co				8. This corporation owes the current year Intangible				
1	24	25	29 30		<u>L</u>		Personal Property Tax.				□No -	
İ		9. Name and Address of Current	Registered Agen	t				10. Name and Address of New	Kegisterea A	<u> 4gent</u>		
١	0111	ONLINAMA INTERNA			81	Name						
GILLMAN, JEFFRY						Street A	Addres	s (P.O. Box Number is Not Accept	able)			
7800 RED RD., SUITE 115												
SO. MIAMI FL 33143												
					84	84 City FL 85 Zip Code					ode	
ŀ	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t					-named i	corpor	ation submits this statement for the	nurnose of	changing its r	egistered	
}	<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes</li> </ol>						oration'	's board of directors. I hereby acce	pt the appoin	itment as reg	istered [	
١							<u>~</u> ~		<del></del>	> <del></del>	≠== <u> </u>	
1	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	title if applicable. (NOTE: Registered Agent signature requi			equired w	uired when reinstating) DATE .				
Ì	12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOF	RS IN 12	
	TITLE	D	☐ DELETE		1,1 TITLE					[_] Criange		
Ì	NAME	HELD, MICHAEL		1,2 NAME				•				
STREET ADDRESS 4		4105 TOLOWA ST.			1,3 STREET	3 STREET ADDRESS						
- (	CITY-ST-ZIP	SAN DIEGO CA			1.4 CITY-ST-ZIP		<u> </u>			Change	Addition	
[	TITLE	ME GOLDSTEIN, SUSAN HELD				TITLE				☐ Criange	C VOOIDO!	
	NAME				2.2 NAME							
ĺ	STREET ADDRESS	4497 DIAMOND CIRCLE, E			2,3 STREE	TADDRESS					į	
-	=CITY:ST-ZIP	-SARASOTA FL	<u>=.=</u>		2.4 CITY-5		ļ.,,,,			[☑] Change	Addition	
	TITLE							بنائك	XI change			
NAME STREET ADDRESS CITY-ST-ZIP		HELD, JEFFREY A.			3,2 NAME		52	3 S. Sharp St.				
					D				01 24	2.0	1	
		GAINESVILLE FL			3.4. CITY-ST-ZIP		Ва	ltimore, MD 212	01-24.	∠9 □Change	Addition	
ſ	TITLE	DELETE			4.1 TITLE							
NAME					4.2 NAME		1				ľ	
STREET ADDRESS						4.3 STREET ADDRESS						
	CITY-ST-ZIP				4.4 CITY-S	T-ZIP	ļ			☐ Change	Addition	
- !	TITLE	TITLE DELETE .		5,1 TITLE		1						

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

5,3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

JASUSan H. Goldstein

941-927-5184

☐ Addition

☐ Change