

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F85991 (0)**  
1. Corporation Name  
**CHARLES, AKAR & ASSOCIATES, INC.**



Principal Place of Business: **8551 W. SUNRISE BLVD. #102 A PLANTATION FL 33322**  
Mailing Address: **8551 W. SUNRISE BLVD SUITE 102 A PLANTATION FL 33322 US**

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

3. Date Incorporated or Qualified: **06/18/1982** 3a. Date of Last Report: **04/24/1995**  
4. FLEIN number: **59-2197915** 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. 193.032, Florida Statutes: [ ] Yes [ ] No  
10. Name and Address of New Registered Agent

**9. Name and Address of Current Registered Agent**

**AKAR, EMIL A.  
8551 NW. SUNRISE BLVD  
SUITE 102-A  
PLANTATION FL 33322**

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	[ ] DELETE	13. 1. TITLE	[ ] Change [ ] Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY- ST- ZIP		4. CITY- ST- ZIP	
TITLE	[ ] DELETE	5. TITLE	[ ] Change [ ] Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY- ST- ZIP		8. CITY- ST- ZIP	
TITLE	[ ] DELETE	9. TITLE	[ ] Change [ ] Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY- ST- ZIP		12. CITY- ST- ZIP	
TITLE	[ ] DELETE	13. TITLE	[ ] Change [ ] Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY- ST- ZIP		16. CITY- ST- ZIP	
TITLE	[ ] DELETE	17. TITLE	[ ] Change [ ] Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY- ST- ZIP		20. 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)(k), 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 or person 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 agreement with an address.

SIGNATURE: *Emil A. Akar* President 4/4/96 954-476-7011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)