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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H17404

(5)

THE JOHN CHARLES GROUP, INC.

Principal Place of Business Mailing Address									1				IIIII UFUFF UIUFI IDUI
% CHARLES T. COLLINS 4201 N.E. 30TH TERRACE LIGHTHOUSE POINT FL 33064				% CHARLES T. COLLINS 4201 N.E. 30TH TERRACE LIGHTHOUSE POINT FL 33064					Date Incorporated or Qualified	an Dat	e of Last	Roport	
									3.	08/20/1984	-	04/14/	•
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number			Applied For
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.							59-2442680		\$0.7	Not Applicable 5 Additional
22			27						5.	Certificate of Status Desired			B Required
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country			Zip Cou			ry		8.	This corporation has liability for i		ax under	s 199.032,
24 25 25 g, Name and Address of Current			29 30			-,- -			ل		Yes No		
	address of Current	81	Т	Name	10.	Name and Address of New R	egistered	Agent					
COLLINS, CHARLES T. 4201 N.E. 30TH TERRACE						82			/D :	O. Box Number is Not Acceptab	lo)		
							Ľ		58 (O. Box Normber is Not Acceptad		_	
LIGHT	HOUSE POINT F	L 33064				83							
						84		City			FL	85	Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 							nar	med corporate ation's board	tion si of di	ubmits this statement for the pur rectors. I hereby accept the app	pose of chointment a	anging its s registere	s registered office ed agent. I am
SIGNATURE _	Signature typed by printer	d name of registered agent an	d title if on	dicable /NOT	F Basicla	nd A ser	ot no	gnature required w	ahen ra	unitation)	DATE		
12.	Signature, typed or printer	OFFICERS AND I			13		II 3	gradue required w		ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
TITLE	PD			☐ DELÉTE		TITLE						Change	
NAME	COLLINS, C	CHARLES T.			12	NAME							
STREET ADDRESS				138			13 STREET ADDRESS						
CITY-ST-ZIP		SE POINT FL			14	CITY-S	31-2	ZIP					
TITLE	VD			☐ DELETE	2	TITLE						Change	Addition
NAME	COLLINS, PAULINE M.				2 2 NAM		/WE						
STREET ADDRESS								2 3 STREET ADDRESS					
CITY-ST-ZIP	LIGHTHOUS	SE POINT FL		F3 001 576		CITY - S	31-7	ZIP					
TITLE				☐ DELETE		TITLE						Change	e 🔲 Addition
NAME						NAME							
STREET ADDRESS								DDRESS					
CITY-ST-ZIP TITLE		·		T DELETE		CITY - S	51 - 7	<u>/IP</u>				Change	e
NAME				occere	ŀ	NAME							7,00,000
STREET ADDRESS						STREET	ΙΑĐ	OUBESS					
CITY-ST-ZIP						CITY - S							
TITLE				DELETE		I TITLE		***				Change	Addition
NAME				 -		NAME							
STREET ADDRESS					- 1	STREET	AD	ODRESS					
CITY-S1-2IP						CITY-S							
TITLE				☐ DELETE		TITLE						Change	e Addition
NAME					62	NAME							
STREET ADDRESS						STREET	CA 1	ODRESS					
CITY-ST-ZIP			64 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 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: Signature and Typed on Printed Name of Signing Officer on Director

4-9-96 954-943-1998 Darie Daytine Phone s CR2E034 (12/95)