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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # J58654 (1)**

**1. Corporation Name  
CHARTER MORTGAGE AND FINANCIAL SERVICES CORPORAT  
ION**

<b>Principal Place of Business</b> % JOAN G. KAISER 31 OCEAN REEF DRIVE, STE. B-200 KEY LARGO FL 33037	<b>Mailing Address</b> % JOAN G. KAISER 31 OCEAN REEF DRIVE, STE. B-200 KEY LARGO FL 33037
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DO NOT WRITE IN THIS SPACE.

<b>3. Date Incorporated or Qualified</b> 02/24/1987	<b>3a. Date of Last Report</b> 04/06/1994
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country	<b>4. FEI Number</b> 59-2775518 Applied For Not Applicable	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> KAISER, JOAN G. 31 OCEAN REEF DRIVE, STE. B-200 KEY LARGO FL 33037	<b>10. Name and Address of New Registered Agent</b> B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, MICHAEL K. 38 CARDINAL LN. KEY LARGO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIDSON, SALLY A. 29 CARDINAL LN KEY LARGO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KAISER, JOAN G. 38 S BRIDGE LANE KEY LARGO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS JOHNSON, RICHELLE R PC-13B PUMPKIN CAY RD KEY LARGO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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: Richelle R. Johnson D.V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
 Date: 4-20-95 305-367-3301  
Date (Optional Page #)  
 Richelle R. Johnson, Director/V.P.