

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

1996 4-17-96

B-3958

CORPORATIONS C

DOCUMENT # J73688

(0)

1. Corporation Name

CHARWOOD CORPORATION

Principal Place of Business

1630 MCCALL ROAD
ENGLEWOOD FL 34223
US

Mailing Address

1995 NEBRASKA AVE
ENGLEWOOD FL 34224
US



3. Date Incorporated or Qualified
05/20/1987

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. 9300 Pine Cove Dr.

27. Suite, Apt. #, etc.

27. City & State

28. Englewood, Fl.

29. Zip

30. 34224

30. Country

30. Charlotte

4. FEI Number
31-1211219

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. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

COLLON, PAUL
3320 BOURBON ST
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

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 607.0502 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

Signature (Typed or Printed Name of Reg. Agent, if available, in parentheses)

Date (Typed or Printed Name of Agent, if available, in parentheses)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: COLLON, PAUL
STREET ADDRESS: 3320 BOURBON ST
CITY-ST-ZIP: ENGLEWOOD FL 34224

TITLE: VPD
NAME: LUSSENDEN, ROBERT L.
STREET ADDRESS: 2888 PINE COVE DR
CITY-ST-ZIP: ENGLEWOOD FL 34224

TITLE: D
NAME: JEAN, ALFRED
STREET ADDRESS: 29950 W. 12 MILE RD.
CITY-ST-ZIP: FARMINGTON HILLS MI

TITLE: SD
NAME: LARSON, HAROLD A.
STREET ADDRESS: 37899 TWELVE MILE RD STE #300
CITY-ST-ZIP: FARMINGTON HILLS MI 48331-3026

TITLE: TDP
NAME: RUSSELL, ROY J.
STREET ADDRESS: 127 ROMINE CIRCLE
CITY-ST-ZIP: BALLWIN MO 63011

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 included 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 a 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 change. I attach an attachment with an address.

SIGNATURE: Robert L. Lussenden V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 941-697-3468
Date Phone #

CR2E034 (12/95)