


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 23 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # J73688 (0)**

1. Corporation Name  
**CHARWOOD CORPORATION**



Principal Place of Business <b>1630 MCCALL ROAD ENGLEWOOD FL 34223 US</b>	Mailing Address <b>9300 PINE COVE DR ENGLEWOOD FL 34224 US</b>
--	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>05/20/1987</b>	
4. FEI Number <b>31-1211219</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>COLLOM, PAUL 3320 BOURBON ST ENGLEWOOD FL 34224</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>COLLOM, PAUL</b>
STREET ADDRESS	<b>3320 BOURBON ST</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>LUSSENDEN, ROBERT L.</b>
STREET ADDRESS	<b>2888 PINE COVE DR</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JEAN, ALFRED</b>
STREET ADDRESS	<b>29950 W. 12 MILE RD.</b>
CITY-ST-ZIP	<b>FARMINGTON HILLS MI</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>LARSON, HAROLD A.</b>
STREET ADDRESS	<b>37899 TWELVE MILE RD STE #300</b>
CITY-ST-ZIP	<b>FARMINGTON HILLS MI 48331-3028</b>
TITLE	<b>TDP</b> <input type="checkbox"/> DELETE
NAME	<b>RUSSELL, ROY J.</b>
STREET ADDRESS	<b>127 ROMINE CIRCLE</b>
CITY-ST-ZIP	<b>BALLWIN MO 63011</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)