

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

**FILED**  
**Jan 25, 1999 8:00am**  
**Secretary of State**

01-25-1999 90021 026 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J73688**

1. Corporation Name  
**CHARWOOD CORPORATION**

Principal Place of Business

1630 MCCALL ROAD  
 ENGLEWOOD FL 34223  
 US

Mailing Address

9300 PINE COVE DR  
 ENGLEWOOD FL 34224  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/20/1987**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**COLLOM, 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE  
 NAME **COLLOM, PAUL**  
 STREET ADDRESS **3320 BOURBON ST**  
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

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

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

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE

**Katherine Harris**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99 941-697-3468

CR2E034 (11/98)