

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # N26259 (4)

1. Corporation Name

THE CHARLEE PROGRAM OF BROWARD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**333 S.W. 28TH ST
FT. LAUDERDALE FL 33315
US** **333 S.W. 28TH ST
FT. LAUDERDALE FL 33315
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
05/04/1988 **07/11/1994**

4. FEI Number Applied For
65-0054839 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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WORLDWIDE CORPORATE SERVICES, INC.
ONE FINANCIAL PLAZA
STE 2626
FT. LAUDERDALE FL 33394**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code

FL

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 substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **VD**
NAME: **JAFFE, MARTIN**
STREET ADDRESS: **3111 STIRLING RD.**
CITY - ST - ZIP: **FT. LAUDERDALE FL**

1.1 TITLE: P/D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE: **TD**
NAME: **HUBLER, VICTORIA**
STREET ADDRESS: **2700 N 29TH AVE**
CITY - ST - ZIP: **HOLLYWOOD FL**

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

TITLE: **D**
NAME: **GOBER, MARA**
STREET ADDRESS: **3072 OLD STILL LANE**
CITY - ST - ZIP: **FT. LAUDERDALE FL**

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

TITLE: **D**
NAME: **KOENIG, JULIE**
STREET ADDRESS: **621 S FEDERAL HWY., #8**
CITY - ST - ZIP: **FT. LAUDERDALE FL**

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

TITLE: **SD**
NAME: **CARVO, CARYN GOLDENBE**
STREET ADDRESS: **4875 N. FEDERAL HWY., 7TH FLOOR**
CITY - ST - ZIP: **FT. LAUDERDALE FL**

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

TITLE: **PD**
NAME: **GESTEN, FRED**
STREET ADDRESS: **1137 HARRISON ST.**
CITY - ST - ZIP: **HOLLYWOOD FL**

6.1 TITLE V/D Change Addition
6.2 NAME: **GOLDENBERG, STEPHEN**
6.3 STREET ADDRESS: **1 FINANCIAL PLAZA STE 2626**
6.4 CITY - ST - ZIP: **FT. LAUDERDALE FL 33394**

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 617, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Martin Jaffe, Esq.** 3-22-95 (305) 985-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number