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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000034140 (8)

CHARLES D. REGISTER, O.D., P.A.

Principal Place of Business

Mailing Address

5934 BRANDON LN

FILED May 15 1998 8:00am Secretary of State



5934 BRANDON LN PORT ORANGE FL 32127 PORT ORANGE FL 32127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1928 57172 1928 Stake Rd #44 59-3487148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be BCH NEW SMYRNA NEW SMYANA 28 Trust Fund Contribution Added to Fees Zip 32168 Country Country 8. This corporation owes or has paid the current year Intangible VOLUSIA Olusia 🔼 Yes Personal Properly Tax due June 30. 29 p. Name and Address of Current Registered Agent Name and Address of New Registered Agent REGISTER, CHARLES D 81 Name 5934 BRANDON LN 82 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32127 83 84 City 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 reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition **REGISTER, CHARLES D** NAME 1.2 NAME CR2E034 5934 BRANDON LN STREET ADDRESS 1.3 STREET ADDRESS **PORT ORANGE FL 32127** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 C(1Y - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 64 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.