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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000070374

CHARAD COMMERCIAL TRADING CORP.

Principal Place of Business Mailing Address 320 S.W. 195TH AVENUE 320 S.W. 195TH AVENUE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed .08/12/1998 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-085648 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. □No 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KINKEAD, CHARLES Street Address (P.O. Box Number is Not Acceptable) 82 320 S.W. 195TH AVENUE PEMBROKE PINES FL 33029 83 85 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐1 Change 1.1 TITLE TITLE KINKEAD, CHARLES 12 NAME NAME 320 S.W. 195TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 21 TITLE TITLE KINKEAD, JENNEFER 2.2 NAME NAME 320 S.W. 195TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP 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 suppliemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in nt with an address, with all other like empowered Block 12 or Block 13 if char ed/ or on an attach

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIF

☐ DELETE

SIGNATURE: c

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

FILED Mar 05, 1999 8:00 am

Secretary of State

03-05-1999 90111 014 \*\*\*150 00

CR2E034 (11/98)