

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 760112 (3)**  
1. Corporation Name  
**CHARLOTTE TRADE CENTER ASSOCIATION, INC.**



Principal Place of Business: **1225 TAMiami TRAIL B-20 PORT CHARLOTTE FL 33953**  
Mailing Address: **1225 TAMiami TRAIL B-20 PORT CHARLOTTE FL 33953**

3. Date Incorporated or Qualified: **09/21/1981**  
3a. Date of Last Report: **03/20/1995**  
4. FEI Number: **59-2327572**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**EPPERLY, EDWARD  
1225 TAMiami TR B11  
PT CHARLOTTE FL 33953**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANSEN, ED</b>	1.2 NAME	
STREET ADDRESS	<b>1225 TAMiami TRAIL, A-1</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVENSEN, LAURA</b>	2.2 NAME	
STREET ADDRESS	<b>20280 RUTHERFORD AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLSON, JAY</b>	3.2 NAME	
STREET ADDRESS	<b>1225 TAMiami TRAIL, A-10</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, SYLVIA S</b>	4.2 NAME	
STREET ADDRESS	<b>1225 TAMiami TRAIL, B-20</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EPPERLY, ED</b>	5.2 NAME	
STREET ADDRESS	<b>1225 TAMiami TRAIL B-11</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sylvia S. Smith* **SYLVIA S. SMITH** 3/18/96 (941) 624-2291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)