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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Lam an officer or appears in Block

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 184041 (2)

CHARLES H. SAMTER, INC.

Principal Place	e of Business	Mailing Address				r samen sinne suist mente minat sent ander dimit atore minit minit bidet diffet it di		
306 \$ COUNTY PALM BCH FL			306 S COUNTY RD Palm BCH Fl 33480-4245					
						3. Date Incorporated or Qualified		
2. Principal Pl	ace of Business	2a. Mailing Addres	S			4. FEI Number Applied For		
21		26				<b>59-0738233</b> Not Applicab		
Suite, Apt. #. etc		Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional		
City & State		City & State				Fee Required		
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Col	intry				
24	25	29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre		130			10. Name and Address of New Registered Agent		
RISL	EY, JILL		*	81	Name			
	S.COUNTY RD.			82	Clean Add	ress (P.O. Box Number is Not Acceptable)		
PALM BEACH FL 33480				02	Street Maar	ress (P.O. Box number is not acceptable)		
				83				
				-	0'1			
				84	City	FL 85 Zip Code		
agent Fair	rifamiliar with, and accept the objection of the objectio	gations of, Section 607.05	05, Florida Sta	lutes		tion's board of directors. I hereby accept the appointment as registered		
12.	······································	ND DIRECTORS	13.	c rigio	in any whole requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELE	TE 1.1 TI	TLE		Change Addition		
NAME	risley, robert		1.2 N	AME				
STREET ADDRESS	306 S. COUNTY ROAD		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		1.4 C	ITYS	r-ZIP	·		
TITLE	SD	DELE	TE 2.1 TI	TLE		Change Addition		
NAME	RISLEY, JILL		2.2 N	AME				
STREET ADDRESS	306 S.COUNTY RD.		2.3 S	TREET	ADDRESS			
CHY-S1-ZIP	PALM BEACH FL			ITY-S	T - ZIP			
TITLE		☐ DELE	TE 3.1 TI	TLE	İ	Change Addition		
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELE			T-ZIP	D Channel Tables		
NAME		ריין וינינ	4,1 ft			L Change		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP								
TITLE		DELE		TLE	1.71	☐ Change ☐ Additio		
NAME			5.2 N			change Addition		
STREET ADDRESS					ADDRESS			
City-SI-7IP				TY-5				
TITLE		DELE			211	☐ Change ☐ Additio		
NAME:			6.2 N			- Shango - Thousand		
STREET ADDRESS			1		ADORESS			

6.4 CITY - ST- ZIP 14. I do 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 indicates on this annual report of 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 fired or of the porporation of the receiver or pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name