

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 505971 (2)
1. Corporation Name
CHARMEL, INC.



Principal Place of Business

3700 ROOSEVELT BLVD
KEY WEST FL 33040
US

Mailing Address

3700 ROOSEVELT BLVD
KEY WEST FL 33040
US

3. Date Incorporated or Qualified
06/28/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 3700 N Roosevelt Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 3700 N Roosevelt Blvd
Suite, Apt. #, etc.

22 City & State

23 Key West Fla

24 Zip

25 U.S.A

27 City & State

28 Key West Fla

29 Zip

30 U.S.A

4. FEI Number
59-1678965

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

9. Name and Address of Current Registered Agent

FRUTH, MELVIN R.
415 CACTUS DR
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

MARSHANN FRUTH

82 Street Address (P.O. Box Number is Not Acceptable)

415 CACTUS DR.

83

KEY WEST FL 33040

84 City

FL

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 607.0502, Florida Statutes.

SIGNATURE

MARSHANN FRUTH

Marshann Fruth

5-29-96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
ST
FRUTH, MELVIN R.
STREET ADDRESS
3301 C. DUCK AVE.
CITY-ST-ZIP
KEY WEST FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
PRESIDENT ☒ Change ☐ Addition

1.2 NAME
MARSHANN FRUTH

1.3 STREET ADDRESS
415 CACTUS DR

1.4 CITY-ST-ZIP
KEY WEST FL 33040

2.1 TITLE
VICE PRESIDENT ☒ Change ☒ Addition

2.2 NAME
GEORGE VALDEZ JR.

2.3 STREET ADDRESS
27 RIVIERA DR

2.4 CITY-ST-ZIP
KEY WEST FL 33040

3.1 TITLE
SECRETARY ☐ Change ☒ Addition

3.2 NAME
THOMAS GODFREY

3.3 STREET ADDRESS
116 PEACOCK PLAZZA

3.4 CITY-ST-ZIP
KEY WEST FL 33040

4.1 TITLE
TREASURE ☐ Change ☒ Addition

4.2 NAME
HARVEY BOBBITT

4.3 STREET ADDRESS
1918 STAPLES AVE

4.4 CITY-ST-ZIP
KEY WEST FL 33040

5.1 TITLE
DIRECTOR ☐ Change ☒ Addition

5.2 NAME
MELVIN FRUTH

5.3 STREET ADDRESS
415 CACTUS DR

5.4 CITY-ST-ZIP
KEY WEST FL 33040

6.1 TITLE
100001854621 ☐ Change ☐ Addition

6.2 NAME
-06/07/96--01004--024

6.3 STREET ADDRESS
***233.75

6.4 CITY-ST-ZIP
06-06-96

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

SIGNATURE:

MELVIN FRUTH

MELVIN FRUTH

5-7-96

305 2942208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)