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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 505971

(2)

CHARMEL, INC.

## **FILED** Mar 17 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address										]	i sabiai ailii daidi da	ALO TOTAL POODE BLOCK					
3700 ROOSEVELT BLVD				3	3700 ROOSEVELT BLVD												
KEY WEST FL 33040					KEY WEST FL 33040												
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											06/28/1976	or Qualified	1	)6/19		φοιτ	
2. Principal Place of Business					2a. Mailing Address						4. FEI Number		1 00/0	<i>J</i> O/ 18		oliod Ear	
21					26						59-1678965				Applied For Not Applicable		
-	Suite, Apt. #, etc.				Suite, Apt #, etc.							··· · · · · · · · · · · · · · · · · ·		\$R	_	dditional	10
22	2			27	27						5. Certificate of State	is Desired	X	-	ee Re		
	City & State			<del></del>	City & State						6. Election Campaign Financing \$5.00 May Be						-
23					28						Trust Fund Contribution Added to Fees						
	Zip	Country			Zip Coui			ntry									
24		25			29 30						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No						
		9, Name	and Address of	Current Regi	stered Ag	ent					10. Name and Addre	as of New Reg	istered /	gent			$\exists$
	FRU	ITH, MARSI	HANN					81	Name								
415 CACTUS DR KEY WEST FL 33040						ŀ	82	Street	Addres	e (P.O. Box Number in	Not Appoplable	<u></u>				4	
							-	00001	Addies	Address (P.O. Box Number is Not Acceptable)							
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								i	City				FL	85	Zip C		
11	. Pursuant	to the provis	ions of Sections 6	07 0502 and	607.1508,	Florida Statuti	es, the ab	ove	-namec	d corpor	ation submits this state	ment for the pu	urpose of	chang	ging its	registere	d
	OHICO OF I	etherered at	ith, and accept the	s State of Fior	ada Sucri	change was a	RUMONZEC	a da	the cor	poration	's board of directors.	hereby accept	the app	ointme	nt as r	egistered	
SI	GNATURE			•													
Signature, typed or printed name of registrated agent and title if applicable (NOTE Re									nt signatur	e required	when reinstating)		DATE				
12			OFFICE	RS AND DIRE	·	DELETE	13.				ADDITIONS/CHANG	GES TO OFFICE	ERS AND				<b>∐</b> §
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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 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 chapter 607 or an attachment with an address.