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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 511014

(3)

Mailing Address

CHAR-LEE ENTERPRISES, INC.

FILED
May 08 1997 8:00am
Secretary of State



3140 CONWAY I PORT CHARLOT			3140 CONWAY BLVD PORT CHARLOTTE FL 33952-6912						
						3. Date Incorporated or Qualified 08/20/1976	3a. Date of L 08/09/19		
2. Principal FI	lace of Business	2a. Mailing	2a. Mailing Address			4, FEI Number	Applied For		
21		26				59-1686769		Not Applic	
Suite Apt.	# etc.	Suite, /	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	7	City &	State			6. Election Campaign Financing		5.00 May Be	
23		28				Trust Fund Contribution		dded to Fees	
Z ip T	<u>}</u>		Country	,	8. This corporation has liability for	ntangible tax ur Yes No	ider s. 199.03	32,	
24	25 9, Name and Address of Cu	29	cent	30]		Florida Statutes 10. Name and Address of New Re			
500		Ittelli Leftsteren V	Agur	81	Name	10, Hallo dila Padilada at tion the	i i i i i i i i i i i i i i i i i i i		
	ERS, NORBERT R				144				
	CONWAY BLVD			82	Street Ad	ddress (P.O. Box Number is Not Acceptat	ile)		
PIU	HARLOTTE FL 33952			83	 				
				84	City		FL 65	Zip Code	
11 Pureupot	to the provisions of Sections 607	0502 and 607 1508	Elorida Statu	ites the abov	e-named co	orporation submits this statement for the p	urnose of chan	aina its realst	tered
extreme extr	agistored agent or both in the 9	State of Florida, Suci	n chance was	authorized b	v the corno	ration's board of directors. I hereby accep	ot the appointme	ent as register	red
agent La	n lamiliar with, and accept the o	inligations of Section	in 1607.0303, F _	iorida Statute	S.	u	30-97)	
SIGNATURE	Signature, typed or printed harrie of register	ed egent and title if applicat	ilė (NO	TE Registered Ag	ent signature rec	quired when reinstating)	28-97 DATE		
12.		AND DIRECTORS	,,,,,	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS IN 17	2
10Lt	P		DELETE	1.1 TITLE	ħ	D 7	X (0)	nange Ad	ddilio
NAME	ROGERS, NORBERT R.			1.2 NAME	-	•	•		
STREET ADORESS	3140 E. CONWAY BLVD.				I ADDRESS				
CITY - ST- ZIF	PORT CHARLOTTE FL			1.4 CITY-					
IIII E	DT		DELETE	2.1 TITLE	27 - 20		C	hange Ac	dditio
NAME	ROGERS, NORBERT		/	2.2 NAME				-	
	3140 CONWAY BLVD				T ADDRESS				
STREET ADDRESS	PORT CHARLOTTE FL								
CHY-S1 ZIF	PONT ORANGOTIC TE		DELETE	2. 4 CITY - 3.1 TITLE	21-ZiP	SEFFREY ROBER B140 CONWAY BL PORT CHARLOTTE	, TIC	hange Ar	dditie
			L Prize	3.2 NAME	_	SEFFREY ROBER	_ ≔ د	· /	
NAME.					T ADDRESS	ZULA COULLAN BL	√ Þ		
STREET ADDRESS					or no	POOT A HODIOTIE	C/ 43	252	
CITY - ST - ZiP			DELETE	3.4. CITY - 4.1 TITLE	51-217	TOR CHARGOTTE		hange Ar	dditio
DILE			- PECCIC	4.1 HILE 4.2 NAME	1		J		
NAME					- 1				
STREET ADDRESS					T ADDRESS				
City - \$1 - 7-9			DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP		T 1.0	hange	dditio
HIFLE			☐ DETELE				_ ·	Bv	
NAME				5.2 NAME					
STHEET ADDRESS					T ADDRESS				
CITY - \$1 - ZIP			Detete	5.4 CITY-	SI-ZIP			hange A	dditin
TOTALE			DELETE	6.1 TITLE			L., 0	walke The	John
NAME				6.2 NAME					
STREET ADDRESS				•	T ADDRESS				
C/1Y - S1 - 7/P)			6.4 CITY-					

Intermation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oarn; that I am an officer or director of the corporation of 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

No Khi With ALE BE RULE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R 981-629-18