FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **643998** **(8)**

1. Corporation Name
CHARLOTTE DIVERSIFIED, INC.

Principal Place of Business
1625 W. MARION AVENUE. SUITE 2
PUNTA GORDA FL 33950

Mailing Address
1625 W. MARION AVENUE. SUITE 2
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: **11/05/1979**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-1962766** ☐ 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

MOORE, JAMES E., III
1625 W. MARION AVENUE, SUITE 2
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

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 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 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title of agent (NOTE: Registered Agent signature required when required) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RIZZON, JEAN-CLAUDE	
STREET ADDRESS	RTE DE BRIEY, 57-A60 CHA	
CITY-ST-ZIP	ST GERMAIN, FRANCE 00000	
TITLE	P	☐ DELETE
NAME	RIZZON, CLAUDE	
STREET ADDRESS	RTE DE BRIEY, 57-A60 CHA	
CITY-ST-ZIP	ST GERMAIN, FRANCE 00000	
TITLE	ST	☐ DELETE
NAME	RIZZON, JEAN-CLAUDE	
STREET ADDRESS	RTE DE BRIEY, 57-A60	
CITY-ST-ZIP	ST GERMAIN, FRANCE 00000	
TITLE	RTE	☐ DELETE
NAME	RIZZON, CLAUDE D	
STREET ADDRESS	DE BRIEY, 57-A60 CHAT	
CITY-ST-ZIP	ST GERMAIN, FRANCE 00000	
TITLE	VP	☐ DELETE
NAME	MOORE, JAMES E III	
STREET ADDRESS	1625 W. MARION AVE., #2	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/5/96 (941) 637-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)