

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **669955** (7)

1. Corporation Name
CHARLO CORPORATION



Principal Place of Business: 10900 S. A1A, P.O. BOX 678, JENSEN BEACH FL 34957
Mailing Address: 10900 S. A1A, P.O. BOX 678, JENSEN BEACH FL 34957

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, Apt #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 05/13/1980
3a. Date of Last Report: 06/27/1995
4. FEI Number: 59-2020770
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: CHASON, MIKE, 10900 S. A1A, JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent: RICHARD A PFORDRESHER, SAME, FL, 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 607.0506, Florida Statutes.

SIGNATURE: [Signature] RICHARD A. PFORDRESHER 3/20/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDV	NAME: PFORDRESHER, RICHARD A	1.1 TITLE:	
STREET ADDRESS: 2881 E OAKLAND PK BLVD	CITY-ST-ZIP: FT LAUDERDALE, FL 00000	1.2 NAME:	
TITLE: STD	NAME: CHASON, MICHAEL	1.3 STREET ADDRESS:	
STREET ADDRESS: 2881 E OAKLAND PARK BLVD	CITY-ST-ZIP: FT LAUDERDALE FL	1.4 CITY-ST-ZIP:	
TITLE:	NAME:	2.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

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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] 3/6/96

CR2E034 (12/95)