

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709679 (5)
1. Corporation Name
CHARMETTES, INC. (THE CHARMETTES, INC.)



Principal Place of Business Mailing Address
4299 NW 16TH ST #301-A LAUDERHILL FL 33313 US
4299 NW 16TH ST #301-A LAUDERHILL FL 33313 US

3. Date Incorporated or Qualified 09/30/1965
3a. Date of Last Report 05/01/1995
4. FEI Number 60-7096790 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

2. Principal Place of Business 2a. Mailing Address
21 4299 NW 16th Street 26 4299 NW 16th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #301-A 27 #301-A
City & State City & State
23 Lauderhill, FL 28 Lauderhill, FL
Zip Country Zip Country
24 33313 25 USA 29 33313 30 USA

9. Name and Address of Current Registered Agent
MARTIN, LAURA
4299 NW 16TH ST
#301-A
LAUDERHILL FL 33313

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 617.0502 and 617.1508, 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 617.0502, Florida Statutes.
SIGNATURE *Laura Martin* DATE *April 27, 1996*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MINNIS, ROSEMARY	
STREET ADDRESS	8940 NW 8TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCNEIL, ETHEL B	
STREET ADDRESS	P. O. BOX 206 N/A	
CITY-ST-ZIP	HASTINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COBB, NOEL	
STREET ADDRESS	1231 NW 88TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIS, DOLORES	
STREET ADDRESS	3351 NW SIXTH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, LARUA B	
STREET ADDRESS	4299 NW 16TH ST., #301-	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCNEIL, ETHEL B.	
1.3 STREET ADDRESS	674 OLD SAN MATEO RD	
1.4 CITY-ST-ZIP	P.O. BOX 206 SAN MATEO, FL 33225	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALKER, JOYCE E.	
2.3 STREET ADDRESS	4301 23rd PARKWAY, #1113	
2.4 CITY-ST-ZIP	TEMPLE HILLS, MD 20748	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEABURY, LOUISE	
3.3 STREET ADDRESS	P.O. BOX 1565 RT 5 Box 2248	
3.4 CITY-ST-ZIP	PALATKA, FL 32178 PALATKA, FL 32177	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura Martin* DATE: *April 27, 1996 309924-2575*

CR2E03 (12/95)