

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90045 028 ****70.00

0037349

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 709679

1. Corporation Name
CHARMETTES, INC.

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

Mailing Address
 4299 NW 16TH ST
 #301-A
 LAUDERHILL FL 33313
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/30/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		60-7096790	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN, LAURA 4299 NW 16TH ST #301-A LAUDERHILL FL 33313				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLER, GWENDOLYN M		1.2 NAME				
STREET ADDRESS	3502 - 38TH AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WILDS, JACQUELINE		2.2 NAME	JOYCE WALKER			
STREET ADDRESS	4301 23RD PARKWAY, #1113		2.3 STREET ADDRESS	4301 23RD PARKWAY #1113			
CITY-ST-ZIP	TEMPLE HILLS MD 33610		2.4 CITY-ST-ZIP	TEMPLE HILLS MD			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SEABURY, LOUISE		3.2 NAME	JACQUELINE WILDS			
STREET ADDRESS	3509 RIVER GROVE DRIVE		3.3 STREET ADDRESS	3509 RIVER GROVE DR			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA FL 33610			
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAUGABOOK, ANN B		4.2 NAME				
STREET ADDRESS	1407 SHELL FLOWER DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTIN, LARUA B		5.2 NAME				
STREET ADDRESS	4299 NW 16TH ST., #301-		5.3 STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN HAUGABOOK *Ann Haugabook* 13 April 99 (813) 684-7879

CR2E037 (11/98)