

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 846282 (2)
 1. Corporation Name
CHARLESTON DELAWARE CORPORATION



Principal Place of Business 10310 SW SR 45 ARCHER FL 32618	Mailing Address 10310 SW SR 45 ARCHER FL 32618-3422
--	---

3. Date Incorporated or Qualified 06/19/1980	3a. Date of Last Report 03/14/1996
4. FEI Number 59-1920786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2631 NW 41st. Street Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite C-2 City & State	27 P.O. Box 950 City & State
23 Gainesville, FL Zip	28 Archer, FL Zip
24 32606 25 USA	29 32618 30 USA

9. Name and Address of Current Registered Agent
HUFTY, JOHN A.
10310 SW SR 45
HWY 4/SR 451 4/3 MI NORTH OF ARCHER
ARCHER FL 32618

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1152 Lake Clarke Drive
 83
 84 City
West Palm Beach 85 **FL** Zip Code
33406

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTD	<input type="checkbox"/>
NAME	HUFTY, JOHN A.	
STREET ADDRESS	10310 SW SR 45	
CITY - ST - ZIP	ARCHER FL	
TITLE	STD	<input type="checkbox"/>
NAME	HUFTY, JOHN PAGE	
STREET ADDRESS	10310 SW SR 45	
CITY - ST - ZIP	ARCHER FL	
TITLE	DIV	<input type="checkbox"/>
NAME	HUFTY, DONNA JEAN	
STREET ADDRESS	10310 SW SR 45	
CITY - ST - ZIP	ARCHER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	1152 Lake Clarke Drive		
1.4 CITY - ST - ZIP	West Palm Beach, FL 33406		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	P.O. Box 950 N/A		
2.4 CITY - ST - ZIP	Archer, FL 32618		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	P.O. Box 950 N/A		
3.4 CITY - ST - ZIP	Archer, FL 32618		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John A. Hufty **REQUIRE** 4-9-97 352-495-2279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)