PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMS STATE DIVISION OF CORPORATIONS

100 NO 100 B

					_	Difficion :		
	PORATION STATEMEN	たをもかったがらら	Secre	ARTMENT OF STAT lary of State of corporations	E	05 JAN 12 AM 8: 47		
1. Corporat	IMENT # tion Name Charters, Inc	F940000	03232					
· · · · · · · · · · · · · · · · · · ·			3. Mailing Office Ad 791 Park of Co	Office Address		TATEMENT OF	1-05	
Suite Apt # etc Suite, Apt #					4. Date Incorp	porated or Qualified		
• •			City & State Boca Raton, F			er Applie	ed For	
Zip 33487		ountry SA	Zip 33487	Country USA	6.	E OF STATUS DESIRED S8.75 Additional For for a Certificate of	e raquired	
		7. Name and Address of Current Registered Agent						
	Name Robert E. Milhous Street Address (P.O. Box Number is Not Acceptable) 791 Park of Commerce Drive							
	791 Park of Commerce Drive Suite, Apt. #, Etc							
	Boca Rato	\sim				State Zip Code FL 33487		
8. I being Signature of Registered	1/	KNUN)	Z//W	am familiar with and accept t	he obligations of sect	On 607 0505 or 617 0503, F.S. Date 1/10/05	CR2E081 (01/05)	
9. Names	and Street Addre	sses of Each Officer en	d/or Director (Florida no	onprofit corporations must list	at least 3 directors)			
Tilles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
P/D	Robert E. Milhous			791 Park of Commerce Drive		Boca Raton, FL 33487		
V/D	Paul B. Milhous			791 Park of Commerce Drive		Boca Raton, FL 33487		
T/D	Kenneth Dorff			791 Park of Commerce Drive		Boca Raton, FL 33487		
				· · · · · · · · · · · · · · · · · · ·	1 0171	00044600271 2/05-0009-006 **2	258.7 5	
						1		
this reli owed b	nstatement applic by the corporation	ation, the reason for dis- have been paid and the	solution has been elimir names of individuals lis	ialed, the corporate name sat sted on this form do not qualify same legal effect as if made	isfies the requirements y for an exemption und under path	apter 607 or 617, F.S. I further certify that when s of section 607.0401 or 617.0401, F.S. that all der section 119.07(3)(i), F.S. The information in	l fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Date Of Director Date Of Date Of Director Date Of Date								