PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000005693

1. Corporation Name

GRAND CHARTER GROUP INCORPORATED

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Principal Place of Business		Mailing Address				I IBBIITH HER Jackt Mitt marri 8	titti dann dater	541St Bill 9 991E	19110 1101 1901
810 7TH AVE. 9TH FLOOR NEW YORK NY 10019		810 7TH AVE. 9TH FLOOR NEW YORK NY 10019			DO NOT WR	RITE IN THIS	SPACE		
	•					Date Incorporated or Qualifed 10/12/1998			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			died For
21)		26				13-3541954			Applicable
Suite, Apt. #, etc.		Sulfe, Apt. #, etc.				5. Certificate of Status Desired See Require			
City & State		City & State				-6. Election Campsign Financing		\$5.00	May 9o
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the cu	ment year int		
24	25	29	30			Personal Property Tax.		☐ Yes	□No □
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New	Registered	Agent	
				81	Name				
	-snider, John			82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
	GLADES RD, SUITE 340W			11					
BOC	a raton fl 33431			83					1
				84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 807.05	02 and 607.1508, Florida Statu	tes, the s	above-	-named corporation	oration submits this statement for the on's board of directors. I hereby acco	e purpose of ept the appoi	cusudiud uz	jistered
11. Pursuant office or nagent. I a	to the provisions of Sections 807.05 egistered agent, or both, in the State im familiar with, and accept the obliging signature, your or printed name of registered epice.				-named corporation he corporation	d when reinstating)	DATE		
	Signature, typed or printed name of registered ag			d Agent			DATE	ID DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable. (NOT	Registere	d Agent		d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ego OFFICERS A	ent and little if applicable. (NOTI	E Registere 13.	d Agent		d when reinstating)	DATE	ID DIRECTO	RS IN 12
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SIGNATURE:

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 suppliemental 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 attackment with an address, with all other like empowered.

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90295 049 ***150.00