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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

T# G15570

(6)

CHARTER REAL ESTATE SERVICES, INC.

## FILED Jan 15 1998 8:00am Secretary of State

Principal Place of I		Mailing Address  124 WARFIELD AVENUE 1 VENICE FL 34292	о <b>л</b> тн		11 11 11 11 11 11 11 11 11 11 11 11 11	
US STATES		US			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
2. Principal Place	of Business	2a. Mailing Address		12/28/1982 4. FEI Number	Applied For	
21 3/8 6	VENICE AVE		ENICE AVE		Not Applicable	
Suite, Apt. #, et	С.	Suite, Apt. #, etc.	1,1		\$8.75 Additional	
22 Su17	2 /0/		01	5. Certificate of Status Desired	Fee Required	
City & State		City & State  28 VSNICE	<i>F-L</i>		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid to		
24 3429	25 SARAS a T		30 SARASOT	Personal Property Tax due June 30  10. Name and Address of New Regis		
		ID, Teating Mild Addition of thew flegis	and Agoin			
GAULRAPP-KEITH, JANICE 2131 MUSKOGEE TRAIL  B2 Street Address				drace (D.O. Boy Number is Not Assertable)		
NOKOMIS FL 34275			BZ SIFEET AGG	dress (P.O. Box Number is Not Acceptable)		
			83			
			84 City		85 Zip Code	
					FL	
office or regist agent I am fai	lered agent, or both, in the State o miliar with, and accept the obligati	of Florida Such change was a ions of Section 607.0505, Flo	is, the above-named cor uthorized by the corpora rida Statutes.	rporation submits this statement for the purp ation's board of directors. I hereby accept the	he appointment as registered	
Signal	lure, lyped or printed name of registered agent		Registered Agent signature requ	· · · · · · · · · · · · · · · · · · ·	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER		
1 1 1	D NAME OF THE PARTY OF THE PART	☐ DELET <b>e</b>	1.F TITLE		Change Addition	
	MAULRAPP-KEITH, JANICE 131 MUSKOGEE TRAIL		1.2 NAME			
	OKOMIS FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
TITLE	ONO IIIO I E	DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		·	3.4. CITY-ST-ZIP			
THTLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition	
TITLE		DELETE	5.1 TITLE	•	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5 4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME			6.2 NAME		C Stange C Fastition	
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 fo	r the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I furt	ther certify that the information	
indicated on the officer or direct	is annual report or supplemental i for of the corporation or the receiv	annual report is true and accorder or trustee empowered to e	irate and that my signati execute this report as rec	ure shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes; and	ade under oath; that I am an d that my name appears in	