
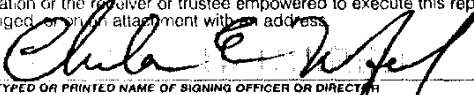


FILED

Apr 17 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 # G24514		(3)	
1. Corporation Name CHARLES NOFAL, INC.			
Principal Place of Business		Mailing Address	
PO BOX 1507 ST AUGUSTINE FL 32085-1507		PO BOX 1507 ST AUGUSTINE FL 32085-1507	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip Country	28 Zip Country		
24	29	30	
9. Name and Address of Current Registered Agent			
PALMETTO CHARTER SERVICES INC 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
PST NOFAL, CHARLES E		<input type="checkbox"/> DELETE	
2703 PONCE DE LEON BLVD			
ST AUGUSTINE FL			
V		<input type="checkbox"/> DELETE	
NOFAL, CAROLYN			
2703 PONCE DE LEON BLVD			
ST. AUGUSTINE FL			
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
13.			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an attachment with address.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)