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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G24514

(3)

2a. Mailing Address

27

Suite, Apt. #, etc.

CHARLES NOFAL, INC.

2. Principal Place of Business

PO BOX 1507 ST AUGUSTINE FL 32085-1507	PO BOX 1507 St augustine Ft, 32085-1507	
Principal Place of Business	Mailing Address	

FILED Apr 17 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For Not Applicable

\$8.75 Additional

Fee Required

04/17/1996

3. Date Incorporated or Qualified

02/17/1983 4. FEI Number

59-2261021

5. Certificate of Status Desired

City & Stat	te:	⊢ η ΄	City & State			6. Election Campaign Financing \$5.00 May Be		
23] Z p	Country	28) Zip	1 60	untry		1 1700 1 010 0011100001		
24	4 25 29 30			Florida Statutes Yes No				
	9. Name and Address of Cu	rrent Registered Agent		ļ		10. Name and Address of New Registered Agent		
PALI	METTO CHARTER SERVICES	INC		81	Name			
150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114				82	Street A	oddress (P.O. Box Number is Not Acceptable)		
			63					
				84	City	85 Zip Code		
	to the manufactor of Pool and CO7	0500 and 007 1500 ftp	rido Chabutan the			TL 100 Zip 0000		
office or r	to the provisions of sections 6a7, registered agent, or both, in the S am familiar with, and accept the o	tate of Florida. Such cha	inge was authorize	ed by	the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Styniduse typicalor printed name of registers	d agent and title if applicable.	(NOTE Register	ed Age	ht signature i	requires when reinstating) OATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 11.4	PST		DELETE 1.11	ITLE		Change Addition		
NAME	NOFAL, CHARLES E		1.21	NAME	ì			
STREET ADDRESS	2703 PONCE DE LEON BL	۷D	1.3 9	STREET	ADDRESS			
CITY ST-ZIP	ST AUGUSTINE FL	-	1.4 (CITY - S	T-21P			
Mif	V		DELETE 21	TITLE		Change Addition		
NAM:	NOFAL, CAROLYN		2.2	MAME				
STREET ADDRESS	2703 PONCE DE LEON BLY	VD OV	2.33	STREET	ADDRESS			
Cdy-St-7ie	ST. AUGUSTINE FL			CITY-S	17 - ZIP			
10'15	1		DELETE 3.1°	TITLE		Change Addition		
NAME			3.2 (NAME	h			
STREET ADDRESS	1		3.33	STREET	ADDRESS			
DOY SLIZE				CITY - S	T · ZIP			
TIILE	1		DELETE 4.1	TITLE	}	Change Addition		
NAME				NAME				
STREET ADJINESS			4.3 9	STREET	ADDRESS			
Cl.A. 21 - V.>				CITY - S	T-ZIP			
111.1				TITLE	ł	Change Addition		
NW:				AME	}			
STRUET ADDRESS			5.3 5	STREET	ADDRESS			
ODY-St Zip				CITY-S	T-ZIP			
PIFF	}	Ц	1	TITLE	}	☐ Change ☐ Addition		
NAME			1	NAME	}			
STREET ADDRESS			6.3 :	STREET	ADDRESS			
Cilh SI dir	<u> </u>	and the first section of		CITY-S				
informatic	on indicated on this annual report	or supplemental annual	report is true and	accu	irate and	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under path; that		
lahian d	officer or director of the corporation Black 12 or Black 13 if change	in or the receiver or trust	tee empowered to	exec	ute this re	eport as required by Chapter 607, Florida Statutes; and that my name		