

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

**FILED**

**Jan 22 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 # G86833**

**(2)**

**1. Corporation Name  
CHARITY COURT HOLDING, INC.**



Principal Place of Business

Mailing Address

**646 LAMBTON LN  
NAPLES FL 33942  
US**

**6546 LAMBTON LANE  
NAPLES FL 33942  
US**

**3. Date Incorporated or Qualified  
02/28/1984**

**3a. Date of Last Report  
01/22/1996**

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt #, etc.

**26** *646 Lambton Lane*  
Suite, Apt #, etc.

**22** City & State

**27** City & State

**23** Zip *34104* Country

**28** Zip *34104* Country

**4. FEI Number  
59-2570591**

Applied For  
Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**

**\$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MALONEY, THOMAS E.  
4501 TAMiami TRAIL NORTH  
NAPLES FL 33940**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

SIGNATURE

Signature Agent or printer name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ARSENAULT, PAUL E.</b>	
STREET ADDRESS	<b>57 FORESTDALE DRIVE</b>	
CITY-ST-ZIP	<b>SUDBURY, ONTARIO CAN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ARSENAULT, YVETTE A.</b>	
STREET ADDRESS	<b>57 FORESTDALE DRIVE</b>	
CITY-ST-ZIP	<b>SUDBURY, ONTARIO CAN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 attachment with an address.**

**SIGNATURE:**

*Paul E. Arsenault*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*January 14, 1997 941-352-9112*  
**Date Daytime Phone #**

CR2E034 (9/96)