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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G88888

(4)

CHARLES	S E. GEARY, P.A.								
Principal Place of Business 310 W FIRST ST STUART FL 34994 US		Mailing Address 310 W FIRST ST STUART FL 34994-2058 US	310 W FIRST ST STUART FL 34994-2058		1 1001(U) 9897 1849) J9107 <del>191</del> 97 70101 1911	91W16 01941 BI	OLI BIBII BIBE	i giaft 1981	
						3. Date Incorporated or Qualified 03/06/1984		te of Last f )2/1996	Report
2. Principal Pli	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For
1 215 S. Federal Hwy.		26 215 S. Feder				59-2411546		N	lot Applicable
Suite, Apt. # etc. 2 Suite 100		Suite, Apt. #, etc.	a 100			5. Certificate of Status Desired		<b>4</b>	Additional
City & State			City & State					<del></del>	Required
3 Stuart, FL			28 Stuart, FL			6. Election Campaign Financing Trust Fund Contribution	П		May 8e
Zip Country		Zip	Zip Country			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,			
4 34994 <sub>25</sub> USA		29 34994	9 34994 30 USA			Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	Agent	
GEARY, CHARLES E.   81   Name CEA						ARY, CHARLES E.			
310 W. FIRST ST.				82 Street	Addre	ss (P.O. Box Number is Not Acceptal	ole)		
STUART, FL 34994					215	S. FEDERAL HWY. SI	JITE 1	.00	
SIU	ART FL 33494			83					
				84 City	STI	JART	FL	<b>85</b> Z <sub>j</sub> g	Code
11 Purcuant t	a the manisions of Sections 607 050	2 and 607 1508. Florida Statu	tae tha a	hove-named		pration submits this statement for the		changing	its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida. Such change was	authorize	d by the cor	poratio	on's board of directors. I hereby acce	pt the app	ointment as	s registered
SIGNATURE							DATE		
12.	Signature, typica or printed name of registered age OFFICERS AN		13.	d Agent Bignature	e required	d when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PO	DELETE	1.1 TI	TLE	Γ			☐ Change	Addition
NAME	GEARY, CHARLES E.		1.2 N	AME					
STREET ADDRESS	510 S. CAROLINA DR		1.3 \$	TREET ADDRESS					
CITY+S1-ZIP	STUART FL		1.4 C	ITY-ST-ZIP					
TITLE		DELETE	2.1 T	TLE .				Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			23S	TREET ADDRESS					
CITY - ST - ZIP		Deter		ITY-ST-ZIP					The second
TITLE		☐ DELETE	3.1 Ti		1			Change	L Addition
NAME STREET ADSOLOG			3.2 N						
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.1 1	CITY-ST-ZIP	<b> </b>			Change	Addition
NAME			4.21						
STREET ADDRESS			1	TREET ADDRESS					
CITY - ST - ZIP				ITY-ST-ZIP					
TITLE		☐ DELETE	5.1 T		Ī			☐ Change	Addition
NAME			5.2 N	AME.					
Street address			5.3 S	TREET ADDRESS					
CITY-ST-ZIP				ITY-ST-ZIP				TT 6	
TITLE		[_] DELETE	6.1 T					L Change	Addition
NAME			6.2 N						
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP	ay and for that the intermetion consists	d with this filing does not ave		ITY-ST-ZIP	lated	in Section 119.07(3)(i), Florida Statuti	so I furtha	r cortify the	a) the
informatio I am an o appears i	by Certay that the information supplies in indicated on this annual report or s fficer or director of the corporation of h Block 12 or Block 13 if changed	supplemental annual report is the receiver or trusted emport on an attachment with an ac	true and wered to idress.	accurate and execute this	d that i report	my signature shall have the same leg as required by Chapter 607, Florida	al effect as Statutes; a	if made u	nder oath; that name