SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 AUG 28 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/09/96--01002--008
****225.00 ****225.00

DOCUMENT # H28911 (6)

1. Corporation Name
CHARIS PLACE, INC.

Principal Place of Business	Mailing Address
301 PERKINS ST. LEESBURG FL 34748	~~301 PERKINS ST.~~ ~~LEESBURG FL 34748~~

3. Date Incorporated or Qualified: **11/01/1984**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 **3647 Cortez Rd. West**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 **Bradenton, FL**
Zip 24 / Country 25	Zip 29 **34210** / Country 30 **Manatee**

4. FEI Number: **59-2469005** ☐ 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
COUTURE, HENRI P. **301 PERKINS ST.** **LEESBURG FL 34748**	81 Name: **Richard T. Conard** 82 Street Address (P.O. Box Number is Not Acceptable): **3647 Cortez Road West** 83 84 City: **Bradenton** **FL** 85 Zip Code: **34210**

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: Richard T. Conard 8/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	PDS	☐ Change ☒ Addition
NAME	COUTURE, HENRI P.		12 NAME	Betty A. Conard	
STREET ADDRESS	33643 SHADY ACRES RD		13 STREET ADDRESS	3647 Cortez Road W.	
CITY-ST-ZIP	LEESBURG FL		14 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	ST	☒ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	COUTURE, ANN MARIE		22 NAME	Richard T. Conard	
STREET ADDRESS	33643 SHADY ACRES RD.		23 STREET ADDRESS	3647 Cortez Road W.	
CITY-ST-ZIP	LEESBURG FL		24 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	VP	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SENESAC, CECILE		32 NAME		
STREET ADDRESS	2503 SOUTH ST, APT 100		33 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

A. Alan 8-29-96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty A. Conard 8-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

BETTY A. CONARD
PRESIDENT
Title or Office