FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36664 (1)

1. Corporation Name
CHAR-HUT OF DAVIE, INC.

Principal Place of Business	Mailing Address
4800 S.W. 64TH AVE. SUITE 106 DAVIE FL 33314 US	4800 S.W. 64TH AVE. SUITE 106 DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 59-2545780 ☐ 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

CAMMISA, JOSEPH P.
4800 S.W. 64TH AVE.
SUITE 106
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name: EDMOND KIROUAC
82 Street Address (P.O. Box Number is Not Acceptable): 4800 S.W. 64TH AVE
83: SUITE 106
84 City: DAVIE FL 85 Zip Code: 33314

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: EDMOND KIROUAC — Edmond Kirouac — 4-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	NO LONGER WITH THIS COMPANY	☑ Change ☐ Addition
NAME	CAMMISSA, JOSEPH P.	1.2 NAME		
STREET ADDRESS	10951 S.W. 42ND CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	NO LONGER WITH THIS COMPANY	☑ Change ☐ Addition
NAME	CAMMISA, CATHY	2.2 NAME		
STREET ADDRESS	10951 S.W. 42ND CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP		
TITLE	VTD	3.1 TITLE	D S T	☑ Change ☐ Addition
NAME	WELLER, MARINA	3.2 NAME		
STREET ADDRESS	9384 N.W. 8TH CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP		
TITLE	VSD	4.1 TITLE	PRES. D.	☑ Change ☐ Addition
NAME	KIROUAC, EDMOND F.	4.2 NAME		
STREET ADDRESS	10461 NW 18TH DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	V. P.	☑ Change ☐ Addition
NAME	KIROUAC, VIRGINIA	5.2 NAME		
STREET ADDRESS	10461 N.W. 18TH DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Marina Weller Sec/Treas. MARINA WELLER 4/3/95 305-581-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0222948 CP