PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H49361**

1. Corporation Name

CHARMATED INNECTMENTS INC

SUNWAII	EU INAEQUMENTO, INC.								
Principal Place	of Rusiness	Mailing Address				- \$881#\$ #111 0:010 10400 16110 01104 1101 01014 01041 0	1011 3 1031	AISIN ANDIN NAME	
·		220 50TH ST - OCEAN							
220 50TH ST - C P.O. BOX 501385		P.O. BOX 501385							
MARATHON FL 3		MARATHON FL 33050-1385				DO NOT WRITE IN THIS SPACE			
US		U\$				3. Date Incorporated or Qualifed			
						03/26/1985			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		pplied For	
21		26				59-2548177	1 1	ot Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional	
22								equired	
City & State		City & State				1		May Be	,
23	,					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	_ Coun	try		8. This corporation owes the current year Intangi		₩No	
24	25	29 30				Personal Property Tax. Yes YNO 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent		81 N	 ame	10. Name and Address of New Registered Age	in.		
KELLI	ER, JAMES R.			"	anie	·			
	BOX 767		[7	82 S	treet Addres	ss (P.O. Box Number is Not Acceptable)			
	PINE KEY FL 33050		\ -						
, DIG F	HAL KET LE 35050	*	l'	83					
			ļ	84 C	ity	FL ⁸	5 Zip	Code	
office or re agent. I an SIGNATURE	gistered agent, or both, in the State of a familiar with, and accept the obligation of the control of the contr	Florida, Such change was autins of, Section 607.0505, Floridand title if applicable. (NOTE: F	da Statut	tes.	HAA	ration submits this statement for the purpose of chan's board of directors. I hereby accept the appointment of the submitted of directors. I hereby accept the appointment of the submitted of th	99	,	ć
TITLE	D	☐ DELETE	1.1 TIT.	.E			Change	Addition	
NAME	SCHNEE, JANE	~	1.2 NAX	Æ					į
STREET ADDRESS	930 W 75TH ST.		1.3 STR	EET ADO	RESS	·		ŀ	
CITY-ST-ZIP	MARATHON FL		1.4 CITY-ST-		,				(
TITLE			_	2.1 TITLE			Change	☐ Addition	1
NAME	. I.i		2.2 NAM	2.2 NAME			•	į	
	930 W 75TH ST.		2.3 STREET ADDRESS					j	
CITY-ST-ZIP	AAADAMAAA M			2. 4 CITY-ST-ZIP					
TITLE			3.1 TITL				Change	Addition	<u></u>
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CITY-ST-ZiP				Y-ST-ZI					
TITLE		☐ DELETE	4.1 TITL				Change	Addition	
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CITY-ST-ZIP				Y-ST-ZIF	ŀ				
TITLE			5.1 TITLE) Change	Addition		
NAME			5.2 NA					ĺ	
STREET ADDRESS	•		5.3 STF	REET ADD	RESS			Ì	
CITY-ST-ZIP	_		5.4 CIT	Y-ST-ZIF	,				
TITLE			6.1 YITLE				Change	Addition	
NAME	·		6.2 NAA	Æ					
OTDUCT ADDUCTO			6.3 STE	REET ADI	ORESS		•	ļ	

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ELREQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-743-039

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90118 017 ***150.00