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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

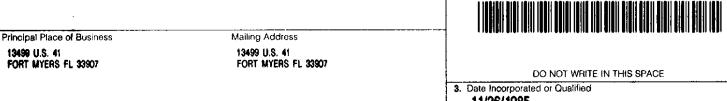
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name CHARIVARI, INC.

H87082

(4)

FILED May 08 1998 8:00am Secretary of State



					Date Incorporated or Qualified 11/26/1985	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-2598265	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the cu	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	l Agent
ROCKWELL, ELYSE				1 Name		
	71 CASADEL RIO LANE		-	82 Street Address (P.O. Box Number is Not Acceptable)		
	ORT MYERS FL 33919		8		idiess (r.o. box lauriber is laur Acceptable)	<u> </u>
				"		
			8	4 City	FL	85 Zip Code
office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au	uthorized l	by the corpo	orporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or punted name of registered ag	ount and life if applicable (NOTE:	Registered A	gent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP	DELETE	13.			Change Addition
NAME	ROCKWELL, ELISE		1.2 NAM	.		
STREET ADDRESS 8471 CASADEL RIO LANE				ET ADDRESS		
	FT MYERS FL		1.4 CITY	1		
CITY-ST-ZIP TITLE	7, 1112.10.10	DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAM			
				E1 ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP	DELETE		2. 4 CITY 3.1 TITLE			Change Addition
TITLE		C. Dettile	1			
NAME			3.2 NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP		Delette	3.4. CITY			Change Addition
TITLE		☐ DELETE	4.1 TITLE			Cuange C Apound
NAME			4. 2 NAV	·		
STREET ADDRESS			4.3 STRE	et address		:
CITY-ST-ZIP			4.4 CiTy			
TITLE		☐ DELETE	5.1 TiTLE			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-7IP			6 4 City			

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.