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

PROFIT CORPORATION ANNUAL REPORT

1998

City & State

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H95299

(4)

City & State

28

THE CHARLOTTE-SEMINOLE COMPANY

FILED Feb 11 1998 8:00am Secretary of State

\$5.00 May Be

Added to Fees

∑ No

6. Election Campaign Financing

Trust Fund Contribution

Principal Place of Business	Mailing Address	T I BEN DES MUIN KEINEN MINIS AND IN HEINE DONN ALSEN DESEN DIDEN DINN HONDI				
3596 MAIN HIGHWAY MIAM! FL 33133	3596 MAIN HIGHWAY MIAMI FL 33133					
US	U\$	DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualified				
		01/22/1986				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For			
1	26	NOT APPLICABLE	Not Applicabl			
Suite, Apt. #, etc.	Suite, Apl. #, etc.	6. Certificate of Status Desired	\$8.75 Additional Fee Required			

Country Country Ζıp 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name **BUERMANN, ERIC** 3596 MAIN HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** 83

	84	- 7	FLI	35	Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stat 	d by	y the corporation's board of directors. I hereby	or the purpose of cha accept the appoint	ang mer	ing its registered nt as registered

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition **BUERMANN, ERIC** NAME 1.2 NAME 3596 MAIN HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 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 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 eath; 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.