

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J30805

1. Corporation Name
CHARLES INTERIORS, INC.

Principal Place of Business

2879 S.E. OCEAN BLVD
STUART FL 34996
US

Mailing Address

2879 S.E. OCEAN BLVD PO Box 1396
STUART FL 34996
US

2. Principal Place of Business

21 4020 SE Whiticar Way
Suite, Apt. #, etc.

2a. Mailing Address

26 1396
Suite, Apt. #, etc.

City & State

23 STUART

City & State

28 STUART

Zip

24 34997

Country

25 MARTIN

Zip

29 34995

Country

30 MARTIN

9. Name and Address of Current Registered Agent

GIACHINO, SUSANA SHARALYN T. BROWNING
2879 S.E. OCEAN BLVD PO Box 1396
STUART FL 34996 STUART FL 34995

3. Date Incorporated or Qualified

08/28/1986

4. FEI Number

59-2722890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name SHARALYN T. BROWNING

82 Street Address (P.O. Box Number is Not Acceptable)

4020 SE WHITICAR Way

83

84

City STUART

FL

85

Zip Code 34997

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 *Sharalyn T. Browning*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME ~~GIACHINO, SUSANA~~
STREET ADDRESS 2879 S.E. OCEAN BLVD
CITY-ST-ZIP STUART FL

☒ DELETE

TITLE DS
NAME BROWNING, SHARALYN T.
STREET ADDRESS 2879 S.E. OCEAN BLVD 4020 SE
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE
NAME 4020 SE WHITICAR Way
STREET ADDRESS STUART FL 34997
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE *Sharalyn T. Browning*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 56128358
Date Daytime Phone #

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90126 012 ***150.00



DO NOT WRITE IN THIS SPACE

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