

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J40663 (3)

1. Corporation Name

CHARIS ENTERPRISES, INC.



Principal Place of Business

% JAMES M. ROLL
5129 TURKEY LAKE ROAD
ORLANDO FL 32819

Mailing Address

% JAMES M. ROLL
5129 TURKEY LAKE ROAD
ORLANDO FL 32819

3. Date Incorporated or Qualified
11/03/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 6937 Stapoint Ct.
Suite, Apt. #, etc.

2a. Mailing Address
26 6937 Stapoint Ct.
Suite, Apt. #, etc.

4. FEI Number
59-2743522

Applied For
Not Applicable

22 Suite C
City & State

27 Suite C
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 WINTER PARK, FL
Zip

28 WINTER PARK, FL
Zip

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32792
Country

29 32792
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROLL, JAMES M.
5129 TURKEY LAKE ROAD
ORLANDO FL 32819

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ROLL, JAMES M.
STREET ADDRESS 5129 TURKEY LAKE RD.
CITY-ST-ZIP ORLANDO FL

TITLE V
NAME ROLL, JAMES D
STREET ADDRESS 16 W YALE ST
CITY-ST-ZIP ORLANDO FL

TITLE V
NAME ROLL, LYLE F.
STREET ADDRESS 2119 CAESAR CT
CITY-ST-ZIP ORLANDO FL

TITLE V
NAME ROLL, NORMA S.
STREET ADDRESS 450 COUNTRY WOOD CIR
CITY-ST-ZIP LAKE MARY FL

TITLE V
NAME DURACK, GREGORY G.
STREET ADDRESS 7410 KEY COLONY #2024
CITY-ST-ZIP WINTER PARK FL

TITLE ST
NAME ROLL, PHYLLIS G.
STREET ADDRESS 5129 TURKEY LAKE ROAD
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2963 BURLINGTON DR
APOPKA, FL 32703

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)(k), 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:

James M. Roll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

407 671-5388
Daytime Phone #

CR2E034 (12/95)