

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90032 002 ***150.00

DOCUMENT # J40663

1. Corporation Name
CHARIS ENTERPRISES, INC.

Principal Place of Business

6937 STAPOINT CT
SUITE C
WINTER PARK FL 32792
US

Mailing Address

6937 STAPOINT CT.
SUITE C
WINTER PARK FL 32792
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1986

4. FEI Number

59-2743522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

800 N. LAKE FORMOSA DR

83

84 City

ORLANDO

85 Zip Code

FL 32803

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 1366 AUGUSTA NATIONAL BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 800 N. LAKE FORMOSA DR
1.4 CITY-ST-ZIP ORLANDO, FL 32803

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1170 HOWELL CREEK DR
2.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

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 8020 BATES RD
5.4 CITY-ST-ZIP ORLANDO, FL 32803

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 800 N. LAKE FORMOSA DR
6.4 CITY-ST-ZIP ORLANDO, FL 32803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

Date

407 671-5588

Daytime Phone #

CR2E034 (11/98)