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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

J58654

(1)

CHARTER MORTGAGE AND FINANCIAL SERVICES CORPORAT

Principal Place of Business % JOAN G. KAISER 31 OCEAN REEF DRIVE, STELE KEY LARGO FL 33037

Mailing Address

FILED Mar 23 1998 8:00am Secretary of State



% JOAN G. KAISER 31 OCEAN REEF DRIVE. STE. B-200- B208 DO NOT WRITE IN THIS SPACE KEY LARGO FL 33037 3. Date Incorporated or Qualified 02/24/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2775518 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAISER, JOAN G. 31 OCEAN REEF DRIVE, STE. B-200 82 Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 83 84 City Zip Code 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) 10/91 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition SMITH, MICHAEL K. NAME 1.2 NAME Sunvise Cay Dr. <del>-88 Cardinal Lin</del>. O ( STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE 21 TITLE Change DAVIDSON, SALLY A NAME 2.2 NAME COCAPONALIN 07 Sunrise Cay Dr. STREET ADDRESS 2.3 STREET ADDRESS **KEY LARGO FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change 3.1 TITLE Addition TITLE KAISER, JOAN G. NAME 3.2 NAME 38 S BRIDGE LANE STREET ADDRESS 3.3 STREET ADDRESS KEY LARGO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition JOHNSON, RICHELLE R NAME 4. 2 NAME PC-13B PUMPKIN CAY RD STREET ADDRESS 4.3 STREET ADDRESS KEY LARGO FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITL€ Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 furstee 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 arrestores.

**SIGNATURE:** 

do V. Mes.