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

**PROFIT** CORPORATION ANNUAL REPORT 1998 **DOCUMENT** # 1. Corporation Name CHARDE BROTHERS REALTY, INC.

Principal Place of Business

MARCO ISLAND FL 33937

2. Principal Place of Business

25

222 ROYAL PALM DR.

Suite, Apt. #, etc.

City & State

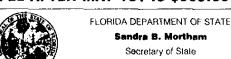
Zip

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Secretary of State DIVISION OF CORPORATIONS

(8)

## J73566

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

Mailing Address 222 ROYAL PALM DR. MARCO ISLAND FL 33937

Country

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## **FILED** Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

**05/18/1987** FEI Number

59-2809003

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

MORRIS, WILLIAM G.	81	N	lame
247 N COLLIER BLVD	<b>82</b> S		treet Address (P.O. Box Number is Not Acceptable)
SUITE 202			
MARCO ISLAND FL 33937	83		
	84	-	ity 85 Zıp Code
	04		FL 65 210 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			
		ent si	gnature required when reinstating) DATE
	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
40	1.1 TITLE		L.; Change L.; Addition
Orange, invalle.	1.2 NAME		
STREET ADDRESS 186 BEACHCOMBER ST.	1.3 STREET	I ADD	RESS
	1.4 CITY - 5	ST - 710	
	21 TITLE		L] Change L Addition
NAME CHARDE, JOSEPH B.	2 2 NAME		
STREET ADDRESS 101 FLAMINGO CIRCLE NORTH	23 STREET	I ADD	RESS
	2 4 CITY-	ST - 74	P
TITLE DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET	1 ADD	RESS
CITY-S1-ZIP	3.4. CITY-1	S1 - ZI	Р [
TITLE DELETE	4.1 TITLE		Change Addition
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREET	T ADD	RESS
CITY-ST-ZIP	4.4 CHY-S	ST - ZIF	u l
TITLE DELĒTE	5.1 TITLE		Change Addition
NAME	5 2 NAME		
STREET ADDRESS	5.3 STREET	T ADD	AFSS
CITY-S1-ZIP	5.4 CHY- S	S1 - 71	
	6.1 TITLE		Change Addition
NAME	6.2 NAME		
	.6.3 STREET	I ADO	RESS
	6.4 CITY - S		
14. Thereby 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.

2/30/98

941/2911 211216

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable