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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90070 050 ***150.00

DOCUMENT # J95227

1. Corporat on Name

CHARBEE, INC.

City & State 23								
DONOT WRITE IN THIS SPACE S. Date in supported or Charlied 10/02/1987 S. Date in supported or Charlied 10/02/1987 S. Date in supported or Charlied Application Applicati	Principal Plac	ce of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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2. Principal Pinco of Business 2. Making Address 2. Making Address 3. 4. FEI Norther State of Status Desired	1 2011					DO NOT WRITE IN TH	IS SPACE	
Principle Place of Business 28) US		03			3. Date Incorporated or Qualifed		
28	2 Principal E	Place of Business	2 Mailing Address				Apr	olied For
Suite, Apt. 4, etc. 27 27 27 27 27 27 27 27					I **	Not	Applicable	
City & S afe	Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>			5. Certificate of Status Desired	•	
Zip Country Zip	\ \					a Floating Compaign Financing		·
Zip	F					1 11	•	
25		Country		Country				
9. Name and Address of Current Registered Agent NASSIF, CHARLENE B. 1130 BROWNSHIRE CT LONGWOOD FL 32779 82 Street Acdress (P.O. Box Number is Not Acceptable) 83 A City	—	· _ · ·					Yes	[ZNo
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1130 BROWNSHIRE CT 28 Street Actress (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code				81	Name			
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11. Pursua nt to the provisions of Sictions 607.050° and 607.1508. Florida Stat les, 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 the corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with , and ancept the obligations of, Section 607.0505, Florida Stat less. SIGNATUFE 12. OFFICERS ANI) DIRECTORS 13. ADDITIVINS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 TITLE NAME NASSIF, CHARLENE B. 1130 BROWNSHIRE CT 1.3 STREET ADDRESS CITY-ST-ZIP TITLE OBLETE 13 TITLE OBLETE 13 TITLE OBLETE 13 TITLE OBLETE 31 TITLE O	1130 BROWNSHIRE CT			82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
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11. Pursue int to the provisions of Sictions 607 0507 and 607 1508, Florida Statutes, the above-named or operation submit is 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 infectors. I heraby accept the apriointment as registered agent, and ancept the obligations of, Section 607 0505, Florida Statutes. SIGNATUE SIGNATUE 2. OFFICERS AND DIRECTORS DELETE TITLE PTSD NASSIF, CHARLENE B. 11 TITLE NASE 11 STREET ADDRESS CITY-ST-ZP TITLE DELETE 12 TITLE DELETE 13 STREET ADDRESS CITY-ST-ZP TITLE DELETE 14 TITLE DELETE 15 TITLE DELETE 15 TITLE DELETE 16 TITLE DELETE 17 TITLE DELETE 18 TITLE DELETE 19 TITLE DELETE 19 TITLE DELETE 10 STREET ADDRESS CITY-ST-ZP TITLE DELETE 10 STREET ADDRESS CITY-ST-ZP TITLE DELETE 11 TITLE DELETE 12 TITLE DELETE 14 TITLE DELETE 15 TITLE DELETE 15 TITLE DELETE 15 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS SCOTY-ST-ZP TITLE NAME STREET ADDRESS SCOTY-ST-ZP DELETE STREET ADDRESS SCOTY-ST-ZP TITLE NAME STREET ADDRESS SCOTY-ST-ZP DELETE STREET ADDRESS SCOTY-ST-ZP TITLE NAME STREET ADDRESS SCOTY-ST-ZP DELETE STREET ADDRESS SCOTY-ST-ZP TITLE NAME STREET ADDRESS SCOTY-ST-ZP TITLE NAME STREET ADDRESS SCOTY-ST-ZP DELETE STREET ADDRESS SCOTY-ST-ZP TITLE NAME STREET ADDRESS SCOTY-ST-ZP TITLE NAME STREET ADDRESS SCOTY-ST-ZP Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SUMME STREET ADDRESS SCOTY-ST-ZP STREET ADDR								
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CITY-ST-ZIP 14. There by 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 signs ture shall have the same legal effect as if made under oath; that I am an office 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 the page of or on an attachment with an address, with all other like empowerec.

6.4 CITY-ST-ZIP

SIGNATURE: