


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K03265 1. Corporation Name ST: CHARLES HARBOUR CORPORATION			
Principal Place of Business 15900 St. Charles Harbour Blvd. Ft. Myers, FL 33908		Mailing Address 1601 Jackson St. #200 Fort Myers, FL 33901	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Qualified 11/17/87		3a. Date of Last Report 5/1/94	
4. FEI Number 65-0017568		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent Gerard A. McHale, Jr. 8191 College Parkway Suite #302 Fort Myers, FL 33919		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 1601 Jackson Street, #200 83. City Fort Myers FL 85. Zip Code 33901	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
12. OFFICERS AND DIRECTORS			
11. NAME: McHale, Gerard A., Jr. as <input type="checkbox"/> DELETE 12. STREET ADDRESS: receiver appointed by Circuit Court of the 20th Judicial Circuit For Lee County 13. CITY-STATE-ZIP: 8191 College Parkway #302 Fort Myers, FL 33919			
14. NAME: <input type="checkbox"/> DELETE 15. STREET ADDRESS: <input type="checkbox"/> DELETE 16. CITY-STATE-ZIP: <input type="checkbox"/> DELETE 17. NAME: <input type="checkbox"/> DELETE 18. STREET ADDRESS: <input type="checkbox"/> DELETE 19. CITY-STATE-ZIP: <input type="checkbox"/> DELETE 20. NAME: <input type="checkbox"/> DELETE 21. STREET ADDRESS: <input type="checkbox"/> DELETE 22. CITY-STATE-ZIP: <input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
23. NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24. STREET ADDRESS: 1601 Jackson St. #200 25. CITY-STATE-ZIP: Fort Myers, FL 33901			
26. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 27. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 28. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 29. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 30. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 31. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 33. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 34. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 35. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 36. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 37. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 38. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 39. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 40. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
41. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 43. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 44. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 45. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 46. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 47. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 48. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 49. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 50. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 51. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 53. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 54. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 55. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 56. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 57. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 58. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 59. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 60. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 61. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 63. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 64. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 65. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 66. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 67. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 68. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 69. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 70. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 71. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 72. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 73. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 74. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 75. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 76. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 77. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 78. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 79. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 80. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 81. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 82. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 83. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 84. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 85. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 86. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 87. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 88. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 89. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 90. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 91. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 92. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 93. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 94. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 95. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 96. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 97. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 98. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 99. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 100. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I do 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 included 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 amendment with an address.			
SIGNATURE: Gerard A. McHale, Jr. 4/21/97 941-337-0808 as court-appointed receiver			

CR2E034 (9/96)