

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

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K24449 (6)**

1. Corporation Name  
**CHARLES MEYER ENTERPRISES, INC.**



Principal Place of Business <b>740 LAMBERT AVE                  FLAGLER BEACH FL 32136-3212</b>	Mailing Address <b>740 LAMBERT AVE                  FLAGLER BEACH FL 32136-3212</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/19/1988</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2908761</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
7. Name and Address of Current Registered Agent			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CHIUMENTO, MICHAEL D.                  4 OLDS KING RD N.                  SUITE B                  PALM COAST FL 32037</b>			10. Name and Address of New Registered Agent 81 Name <b>KATALIN MEYER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>740 LAMBERT AVE</b> 83 84 City <b>FLAGLER BEACH FL</b> 85 Zip Code <b>32136</b>		
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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 *Katalin Meyer* **KATALIN MEYER, PRESIDENT** DATE **3-13-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, CHARLES</b> <input checked="" type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	<b>740 LAMBERT AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLAGLER BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, KATALIN</b> <input type="checkbox"/> DELETE	2.2 NAME	<b>PRESIDENT, TREAS. SEC. MEYER, KATALIN</b>
STREET ADDRESS	<b>740 LAMBERT AVE</b>	2.3 STREET ADDRESS	<b>(SAME)</b>
CITY-ST-ZIP	<b>FLAGLER BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, WILLIAM</b> <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	<b>740 LAMBERT AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLAGLER BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Katalin Meyer* **KATALIN MEYER** DATE **3-13-98** 904 439-5905

CF2E034 (10/97)