FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:19

DOCUMENT # K24840 (6)

1. Corporation Name
CHARNA-DAR, INC.

Principal Place of Business	Mailing Address
519 PALMER ST ORLANDO FL 32801	519 PALMER ST ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1988
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21: 7450 CR 663
22 Suite, Apt. #, etc.:
23 City & State: Bushnell Fl
24 Zip: 33513
25 Country: USA

2a. Mailing Address
26: P.O Box 184
27 Suite, Apt. #, etc.:
28 City & State: NoBleton Fl
29 Zip: 34661
30 Country: Fl

4. FEI Number: 59-2936739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOLLE, TONI
519 PALM ER ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Toni Dolle
82 Street Address (P.O. Box Number is Not Acceptable): 7450 CR663
83:
84 City: Bushnell FL 85 Zip Code: 33513

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: [signature] Toni Dolle PST (NOTE: Registered Agent signature required when reinstating) DATE: 1-20-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	DOLLE, TONI	1.2 NAME	
STREET ADDRESS	519 PALMER ST	1.3 STREET ADDRESS	7450 CR663
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Bushnell Fl 33513
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DOLLE, TONI	2.2 NAME	
STREET ADDRESS	519 PALMER ST	2.3 STREET ADDRESS	7450 CR663
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Bushnell Fl 33513
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	DOLLE, MICHAEL LOUIS	3.2 NAME	
STREET ADDRESS	1664 TREMONT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Toni Dolle PST 1-20-95 904 748 5433
(YOUR NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

DM3023 CR