

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K24840** (6)  
1. Corporation Name  
**CHARNA-DAR, INC.**



Principal Place of Business <b>7450 CR 663 BUSHNELL FL 33513 US</b>	Mailing Address <b>PO BOX 184 NOBLETON FL 34661-0184 US</b>
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3. Date Incorporated or Qualified <b>05/20/1988</b>	3a. Date of Last Report <b>04/04/1996</b>
4. FEI Number <b>59-2936739</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>5 Bishop Lane</b> Suite, Apt. #, etc. 22 <b>Palm Coast</b> City & State 23 <b>FLORIDA</b> Zip 24 <b>32137</b>	Country 25 <b>USA</b>	2a. Mailing Address 26 <b>5 Bishop Lane</b> Suite, Apt. #, etc. 27 <b>Palm Coast</b> City & State 28 <b>FLORIDA</b> Zip 29 <b>32137</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**DOLLE, TONI  
7450 DR 663  
BUSHNELL FL 33513**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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]*

**PST**

**3-21-97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLLE, TONI</b>	1.2 NAME	
STREET ADDRESS	<b>7450 CR 63</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLLE, TONI</b>	2.2 NAME	
STREET ADDRESS	<b>7450 CR 663</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLLE, MICHAEL LOUIS</b>	3.2 NAME	
STREET ADDRESS	<b>912 S SUMMERLIN AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-97 904-445-6337**

Date

Daytime Phone #

0461306