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

APPROVED AND FILED
95 MAY -1 AM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L09833** **(9)**

1. Corporation Name
CHARTER PROPERTIES, INC.

Principal Place of Business	Mailing Address
3760 JOHN YOUNG PARKWAY SUITE 103 ORLANDO FL 32804	3760 JOHN YOUNG PARKWAY SUITE 103 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **08/16/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2961384** ☐ 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

RODGERS, PAULA A
3760 JOHN YOUNG PARKWAY
SUITE 103
ORLANDO FL 32804

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BENDER, ROBERT L.	1.2 NAME	Hughes, Robin R.	
STREET ADDRESS	124 W. YORK CT.	1.3 STREET ADDRESS	799 Brightwater Circle	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Maitland, Fl 32751	
TITLE	C	2.1 TITLE	C	☒ Change ☐ Addition
NAME	ROWELL, THEODORE H. JR.	2.2 NAME	Rowell, Theodore H. Jr	
STREET ADDRESS	9170 BAY HILL BLVD	2.3 STREET ADDRESS	9170 Bay Hill Blvd.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Fl 32819	
TITLE	STD	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	RODGERS, PAULA A	3.2 NAME	Rodgers, Paula A.	
STREET ADDRESS	7318 FORESTWOOD CT	3.3 STREET ADDRESS	7318 Forestwood Ct.	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, Fl 32835	
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, ROBIN R.	4.2 NAME		
STREET ADDRESS	2096 EAGLES REST CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	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 do 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: Paula A Rodgers 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Paula A Rodgers

0061803 CP