FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARIMENT OF STATE

Sandra B. Mortham

Secretary of State 1-17-96 B COBOLOGO

1996 DOCUMENT #
1. Corporation Name

(6)

| CHARICE | STEEL | FRECTORS. | INC. |
|---------|-------|-----------|------|

| | | | | | _ | | | | |
|--|---|--|---------------------------|-------------------|-----------|---|-------------------------|-------------|-------------------|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 309 ELLEN WAY BRANDON FL 33510-3223 US | | 309 ELLEN WAY | | | | | | | |
| | | BRANDON FL 33510-0223 | BRANDON FL 33510-0223 | | | Duta language and or Qualified | 3a. Date of Last Report | | |
| J- | | | | | 3. | Date Incorporated or Qualified 10/06/1989 | | 01/199 | • |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | | 4. | FEI Number | | | Applied For |
| 1 | | 26 | | | | 59-2955430 | | | Not Applicable |
| Suite, Apt # | , etc. | Suite, Apt. #, etc. | | | 5. | Certificate of Status Desired | | • | Additional |
| 22 | | 27 | | | _ | Flori - Compains Financins | | | Required |
| City & State | | City & State | | | b. | Election Campaign Financing Trust Fund Contribution | | | 0 May Be |
| 3 Zip | Country | Zip | Country | | В. | This corporation has liability for | ntangible ta | | |
| 4 | 25 | 29 | 30 | | | | ZNo | | |
| | 9. Name and Address of Curr | ent Registered Agent | | г. | 10. | Name and Address of New R | egistered A | gent | |
| | | | 81 | Name | | | | | |
| NABAKO\ | wski, mike | | 82 | Street Addr | ress (P | .O. Box Number is Not Acceptab | ile) | | |
| 309 ELLE | | | 83 | ļ | | | | | |
| BRANDO | N FL 33510 | | 83 | | | | | | |
| | | | 84 | City | • | | FL | 85 Z | ip Code |
| 11 Durawant to | the provisions of Sections 607.00 | 02 and 607 1508. Finding Statutes | the above | L | ration s | submits this statement for the pur | mose of cha | nging its | registered office |
| or registere | o the provisions of Sections 607.03 and agent, or both, in the State of Flance, and accept the obligations of, Se | orida. Such change was authorized | d by the corp | oration's boa | ard of d | lirectors. I hereby accept the app | onlment as | registere | d agent. I am |
| | t, and accept the obligations of, Se | ection 607.0505, Fibrios Statites | | | | | | | |
| SIGNATURE _ | Signatine itypod or printed name of registered a | pertamente magnicaren in 1918 | - Raycheel Ajer | rt sij atmare pie | ed wie.o | | DATE | | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | | | |
| TITLE | P | ☐ DEFELE | 1 1 THILE | | | | L |] Change | Addition |
| NAME | nabakowski, Mike | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 309 ELLEN WAY | | . I | LADDRESS | | | | | |
| CITY-ST-ZIP | BRANDON FL | [] DELETE | 1.4 City - 1 2.1 Tifle | S1 - 2IF | | | | 7 Change | ☐ Addition |
| TITLE | NIDECK DAN | | 2.2 NAM5 | | | | _ | 0 | |
| NAME STREET ADDRESS | DUDECK, DAN 38302 SALEM DR | | | 1 ADDRESS | | | | | |
| CITY - ST - ZIP | ZEPHYRHILLS FL | | 2.4 CITY - | | | | | | |
| TITLE | LL TITTI NELO TC | ☐ DELETE | 3 1 TITLE | | | | |] Change | Addition |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STHEE | T ADDRESS | | | | | |
| CITY - ST - ZIP | | | 3.4 CITY - | ST-ZIP | | | | 7.05 | 44200 |
| TIFLE | | ☐ DELE1E | 4 1 THILE | | | | L |] Change | Addition |
| NAME | | | 4 2 NAME | FIDENCE | | | | | |
| STREET ADDRESS | | | | F ADDRESS | | | | | |
| CITY-ST-ZIP | | □ DELFIE | 4.4 C/TY - 5.1 TiTLE | 31 - ZIP | | | | Change | ☐ Addit-on |
| TITLE NAME | | | 5 2 NAME | | | | _ | • | |
| STREET ADDRESS | | | | T AUDRESS | | | | | |
| CHTY-ST-ZIP | | | 5.4 CiTY - | | | | · | | |
| TITLE | | ☐ DELETE | 6 1 THILE | | | | 1 | Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 63SIREE | I ADDRESS | | | | | |
| CITY - S1 - ZIF | | | € 4 CHY - | S1-ZIP | fra sta - | overantian stated in Costint 446 | 07(2)(14 €1- | rida Stati | itae I furthar |
| | y certify that the information supple the information indicated on this a | | | | | | | | |
| oath; that | the information indicated on this a Lam an officer or director of the oc Block 12 or Block 17 if ghanged. | irporanze fir the receiver or trusted or on an attachment with an addre | e empowered ess. | to execute the | his repe | ort as required by Chapter 607, F | iorida Statut | es; and t | nat my name |
| Species III | /// | Illadle 1 | | | | | | | |
| SIGNAT | URE: _ ///// | XVVVIII- | | | | Pare | | autime Phon | |
| | SINATURE AND TYPE | OOR PRINTED NAME OF SIGNING OFFICE | R OR DIRECTOR | 3 | | U(45) | ٥ | ауш ж Масо | |