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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **L39343** **(3)**

1. Corporation Name

THE RYAN CHARLES GROUP, INC.

Principal Place of Business

% NORMAN D. ST. JEAN
1151 W HILLSBORO BLVD. S203
DEERFIELD BCH FL 33442
US

Mailing Address

% NORMAN D. ST. JEAN
11381 ISLAND LAKES LANE. SUITE A
BOCA RATON FL 33498

2. Principal Place of Business
21 2151 W. Hillsboro Blvd
Suite, Apt. #, etc.
22 Suite 203
City & State
23 Deerfield Beach FL
Zip
24 33442
Country
25 Broward

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 01/02/1990

3a. Date of Last Report: 04/25/1995

4. FEI Number: 65-0168493 [ ] 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 [X] No

9. Name and Address of Current Registered Agent

ST. JEAN, NORMAN D.
11381 ISLAND LAKES LANE
BOCA RATON FL 33498

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

Signature of Registered Agent (Required if registered agent is changed or added) Date Registered Agent Accepted Appointment Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME ST. JEAN, NORMAN D.
STREET ADDRESS 11381 ISLAND LAKES LANE
CITY-ST-ZIP BOCA RATON FL
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V
1.2 NAME ST.JEAN, LINDA M.
1.3 STREET ADDRESS 11381 Island Lakes Lane
1.4 CITY-ST-ZIP Boca Raton, FL
[ ] Change [X] Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[ ] Change [ ] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[ ] Change [ ] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[ ] Change [ ] Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[ ] Change [ ] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[ ] Change [ ] Addition

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)(k), 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 a title.

SIGNATURE: Norman St. Jean — Norman St. Jean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/96 Date

954-421-9112 Daytime Phone #

CR2E034 (12/95)