

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L57937** (9)

1. Corporation Name
THE CHARING CROSS CORPORATION



Principal Place of Business

% GILBERT S. KAHN
4975 N KENDALL DR
MIAMI FL 33156

Mailing Address

C/O GILBERT S. KAHN
P O BOX 432520
MIAMI FL 33243-2520
US

3. Date Incorporated or Qualified
03/12/1990

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
65-0181168

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

KAHN, GILBERT S.
4975 N KENDALL DR
MIAMI FL 33156

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 type is printed name of registered agent, director, officer, or shareholder.

NOTE: Registered Agent Signature required when installing.

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PST
KAHN, GILBERT, S
4975 N KENDALL DR
MIAMI FL

☐ DELETE

11.2 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
KAHN, GILBERT, S
4975 N KENDALL DR
MIAMI FL

☐ DELETE

11.3 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
NOFFO, JOHN J.
4975 N KENDALL DR
MIAMI FL

☐ DELETE

11.4 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

11.5 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

11.6 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-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)(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 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6, 1996 305-467-7655

CR2E034 (12/95)