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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L60971 (3)
1. Corporation Name
CHAR ELL CORP.



Principal Place of Business: 5607 ELAINE DR ZEPHYRHILLS FL 33541
Mailing Address: 5607 ELAINE DR ZEPHYRHILLS FL 33541-1924

3. Date Incorporated or Qualified: 03/23/1990
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business: 21 35362 SR 54 W
2a. Mailing Address: 26 35362 SR 54 W
22. Suite, Apt. #, etc.
23. City & State: Zephyrhills, FL
24. Zip: 33541-1942 25. Country: PASCO
27. Suite, Apt. #, etc.
28. City & State: Zephyrhills, FL
29. Zip: 33541-1942 30. Country: PASCO

4. FEI Number: 59-3003729
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: GREENFELDER, GLEN E. 103 NORTH THIRD STREET DADE CITY FL 33525

10. Name and Address of New Registered Agent: B1 Name: JOHN E. HENSON
B2 Street Address (P.O. Box Number is Not Acceptable): 38145 FIFTH AVE
B3
B4 City: Zephyrhills FL B5 Zip Code: 33541

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: *John E. Henson* DATE: 2/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GREENFELDER, GLEN E.
STREET ADDRESS	103 NORTH THIRD ST.
CITY-ST-ZIP	DADE CITY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GUEST, HIXON JR
STREET ADDRESS	5637 ELAINE DR
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLIFT, LARRY D
1.3 STREET ADDRESS	35362 SR 54W
1.4 CITY-ST-ZIP	Zephyrhills, FL 33541-1942
2.1 TITLE	SIT. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLIFT, EDNA A
2.3 STREET ADDRESS	35362 SR 54W
2.4 CITY-ST-ZIP	Zephyrhills, FL 33541-1942
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* 813

CR2E034 (9/96)