**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L75253**

1. Corporation Name

CHARE TRAIL BUILDING INC

Mailing A	ddress				1 (98)(2)) 011 (200)	#1510 16001 01100 1211 Q101 <del>1</del>	8483) WIGH B1911 WH	/II
9000 SHERIDAN ST. #130 9000 SHERIDAN ST. #130 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024					DO	NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated of	r Qualifed		
					1 '			}
2a. Mailin	g Address			-	4. FEI Number		App	lied For
26					65-0201825		Not	Applicable
Suite,	Apt. #, etc.				5 Certificate of Status	Desired	• .	
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	State				1	-	-	
		Cou	intry					7 000
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<u>g</u>			81	Name				
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			0.4	City		·	85 Zin C	ode
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t Florida Suc	n change was al	irnonzeo	יעמני	tne comoratic	oration submits this statem on's board of directors. I he	ent for the purpose o reby accept the appo	f changing its r intment as reg	egistered istered
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	DELETE	2.1 Π 2.2 N 2.3 S	TLE AME	ADDRESS			Change	☐ Addition
	☐ DELETE	2.1 Π 2.2 N 2.3 S	TLE AME TREET CITY-S	ADDRESS			☐ Change	☐ Addition
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	DELETE	2.1 TT 2.2 NA 2.3 S' 2.4 C 3.1 TT 3.2 NA 3.3 S' 3.4 C 4.1 TT 4.2 NA 4.3 S'	ITLE TREET TREET TILE AME TREET TREET TREET TREET TREET TREET TREET TREET	ADDRESS T-ZIP  ADDRESS T-ZIP			⊡ Change	Addition
	2a. Mailin 26 Suite, 27 City 8 28 Zip 29 Registered A and 607.1500 f Florida. Sucons of, Section	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Registered Agent  and 607.1508, Florida Statute f Florida. Such change was at ons of, Section 607.0505, Florida of title if applicable. (NOTE: D DIRECTORS)	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Cot. 29 30 Registered Agent  and 607.1508, Florida Statutes, the af Florida. Such change was authorizedons of, Section 607.0505, Florida Statute ons of, Section 607.0505, Florida Statute ons of DIRECTORS DIRECTORS 13.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Registered Agent 81 82 83 84 and 607.1508, Florida Statutes, the above of Florida. Such change was authorized by ons of, Section 607.0505, Florida Statutes and title if applicable. (NOTE: Registered Agent) DIRECTORS 13.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Registered Agent  81 Name 82 Street Addr 83 84 City and 607.1508, Florida Statutes, the above-named corp of Florida. Such change was authorized by the corporations of, Section 607.0505, Florida Statutes.  and title if applicable. (NOTE: Registered Agent signature require of DIRECTORS  13.	Mailing Address  9000 SHERIDAN ST. #130 PEMBROKE PINES FL 33024  2a. Mailing Address 26  2a. Mailing Address 26  Suite, Apt. #, etc. 27  City & State  City & State  28  Country 29  30  Country 30  Registered Agent  10. Name and Address  81  Name  82  Street Address (P.O. Box Number is Name f Florida. Such change was authorized by the corporation's board of directors. I he ons of, Section 607.0505, Florida Statutes.  ADDITIONS/CHANG  DELETE  1.1 TITLE 1.2 NAME	Mailing Address  3000 SHERIDAN ST. #130 PEMBROKE PINES FL 33024  DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed 05/23/1990  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 5. Certifcate of Status Desired 28 Zip Country 30 Registered Agent  10. Name and Address of New Registered  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City FI and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appropriate of the purpose of Section 607.0505, Florida Statutes.  10. Name and Address of New Registered Agent of directors. I hereby accept the appropriate of Section 607.0505, Florida Statutes.  13. ADDITIONS/CHANGES TO OFFICERS ADDITION	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 05/23/1990  2a. Mailing Address 26. 4. FEI Number 65-0201825  Suite, Apt. #, etc. 27. 5. Certificate of Status Desired Trust Fund Contribution  Zip 28. This corporation owes the current year Intangible Personal Property Tax.  Registered Agent  81. Name 82. Street Address (P.O. Box Number is Not Acceptable)  83. Address (P.O. Box Number is Not Acceptable)  84. City  FL 85. Zip Country  and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reflorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regions of, Section 607.0505, Florida Statutes.  10. Name and Address To OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  DELETE  1.1 TILE

CITY-ST-ZIP, 14. I 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 a partiachment with an address, with all other like empowered.

□ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ichael Koenig V. Pres. 3/18/99 954-436
RORDIRECTOR

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90068 035 \*\*\*150.00

Addition

☐ Change