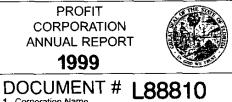
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90222 050 ***150.00

CHARMI	LL, INC.								
Principal Plac	e of Business	Mailing Address				E INDECENCE AND COLOUR FOCUS CANAL CIRCLE ARREST AND COLOUR	Bigil Bibli	Gigit at	all statt tant
7401 SPRING HILL DR 393 PIPIT ST NE									
SPRING HILL FL 34606 PALM BAY FL 32907						DO NOT WEST IN THE	C CD4C	_	
us us						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 07/19/1990			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	lied For
						59-3023313	Not Applicable		
1							\$8.75 Additional		
27						5. Certificate of Status Desired	Fee Required		
City & State City & Sta			ite			6. Election Campaign Financing \$5.00 May Be			
:3		28				Trust Fund Contribution		ided to	
Zip	Country	Zip	Col	untry		8. This corporation owes the current year l	ntangible		
24	25	29	30			Personal Property Tax.	☐ Ye:	<u>ئر</u> 5	No
	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Address of New Registered	Agent	<u> </u>	
DAV	TO CHELDON D			81	Name				
	is, sheldon p. E. Madison st.			82	Street Add	Idress (P.O. Box Number is Not Acceptable)			
	TE 920								
	IPA FL 33602			83					
IAW	IFA FL 33002			84	City		85	Zip C	ode
						oration submits this statement for the purpose of			
12.	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	13.		signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PT	☐ DELETE	1.1 T	TLE			□Ch	ange	Addition
NAME	SPENCER, LISA M.		121	IAME					
STREET ADDRESS	7401 SPRING HILL DR		1.3 9	TREET	ADDRESS				
CITY-ST-ZIP	SPRING HILL FL		1.4 C	ITY-ST	-ZIP				
TITLE	VPS	☐ DELETE	2.1 T	ITLE			□Ch	ange	☐ Addition
NAME	SPENCER, ROBERT C.		2.2 6	IAME	ĺ				
STREET ADDRESS			2.3 9	TREET	ADDRESS			•	:
CITY-ST-ZIP	SPRING HILL FL			CITY-S	T-ZIP			2000	Addition
TITLE	,	☐ DELETÉ	•	TILE				ango	
NAME				IAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		city-s Tile	T-ZIP		[] Ch	ange	Addition
TITLE				NAME				Ū	
NAME					ADDRESS				
STREET ADDRESS				OTY-SI	1				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 7				Cr	ange	Addition
NAME				IAME			-		
STREET ADDRESS					ADDRESS	•			
	1			CITY-S1	1				
CITY-ST-ZIP TITLE		DELETE		TILE	-+		C	ange	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 5	TREET	ADDRESS				
- INCL. AUDINESS	T		E .		r. 710				

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 an attachment with an address, with all other like empowered.

SIGNATURE:

407-951-4400 Daytime Phone #