

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Tallahassee, Florida
Tallahassee, Florida

APPROVED
AND
FILED

55 MAY 10 AM 10:35

DOCUMENT # M28302

(1)

To: Corporation Name

LORD CHARLES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O DAVID PEARLSON
2000 PARK AVENUE
MIAMI BEACH FL 33139

C/O DAVID PEARLSON
2000 PARK AVENUE
MIAMI BEACH FL 33139

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification

3a. Date of Last Report

03/04/1986

04/11/1994

4. FEI Number

59-2676860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under 5, 102, 103,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. City

24. Country

28. City

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGER, DAVID J BROAD V
1111 LINCOLN ROAD MALL
175 N.W. FIRST AVE, 20TH FL
MIAMI FL 33128

81. Name

DAVID PEARLSON

82. Street Address (If Not Applicable, Not Applicable)

2030 PARK AVE

83. City

84. City

Miami Beach

FL

85. Zip Code

33139

11. I, the undersigned, the president of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the person named in the foregoing and that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

David Pearlson

DAVID PEARLSON

5/4/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

PTD
PEARLSON, AMY L.
2000 PARK AVENUE
MIAMI BEACH FL

1. NAME

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

2. NAME

VPD
PEARLSON, DAVID T.
2000 PARK AVENUE
MIAMI BEACH FL

1. NAME

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

1. NAME

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03, Florida Statutes. Further, I certify that the information submitted 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report. If a change of name is reflected with an address.

SIGNATURE:

David T. Pearlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. PEARLSON

5/4/95

305-534-2114