

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M83604 (2)
1. Corporation Name
MONA & CHARLES, INC.



Principal Place of Business 2623 S. SEACREST BLVD. SUITE 218 BOYNTON BEACH FL 33435	Mailing Address 2623 S. SEACREST BLVD. SUITE 218 BOYNTON BEACH FL 33435
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3. Date Incorporated or Qualified 06/01/1988	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 65-0054528 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WOLPE, MONA 2623 S. SEACREST BLVD. BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 81 Name MONA WOLPE 82 Street Address (P.O. Box Number is Not Acceptable) 10075 JOG ROAD #10F 83 84 BOYNTON BEACH FL 85 Zip Code 33426
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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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME WOLPE, MONA STREET ADDRESS 2623 S. SEACREST BLVD. CITY-ST-ZIP BOYNTON BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE MONA WOLPE 1.2 NAME 1.3 STREET ADDRESS 10075 JOG ROAD #10F 1.4 CITY-ST-ZIP BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME FINKBEINER, CHARLES STREET ADDRESS 2623 S. SEACREST BLVD. CITY-ST-ZIP BOYNTON BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE CHARLES FINKBEINER 2.2 NAME 2.3 STREET ADDRESS 10075 JOG ROAD #10F 2.4 CITY-ST-ZIP BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Mona Beth Wolpe 1/27/97 (561) 736-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)