SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCHMENT

1. Corporation Name							
CHARIS PRODUCTIONS INTERNATIONAL, INC.							
O I I II II		OIT/IL) HTQ				I HARININI DIN TANIH BURIH MANKI ANDIK N	
Dringing! Plac	on of Direleges	Malling Address					
Principal Place of Business		Mailing Address					2111 SAIN BAIN ACHT (SAIN ACHD) 1911 (196)
167 S. MALENA		P.O. BOX 12238 ORANGE CA 92669-8238					
Suite D Orange Ca 92669		US				DO NOT WRITE IN THIS SPACE	
U\$						3. Date Incorporated or Qualified 02/03/1994	3a. Date of Last Report
2. Principal P	lace of Business	2a. Malling Ad	dress			4. FEI Number	05/01/1996 Applied For
21 2726	E. WALKET #39	26 SAME ABOVE			bove	33-0600604	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
	NOE	27					Fee Required
City & Stat	e	City & State				B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip _	Country	Zip Country				8. This corporation owes or has pa	<u></u>
24 928			30			Personal Property Tax due June 30. Yes No	
	g. Name and Address of Current	Registered Agen	<u></u>			10. Name and Address of New Re	gistered Agent
				81	Name		
PÅRKER, CLIFF				82 Street Addre		ess (P.O. Box Number is Not Acceptat	ole)
337 MAGNOLIA CENTER PAMANA CITY FL 32401			83				
I MITTER	011116 02401			84	City		lot 17: Cada
	_			1	City		FL 85 Zip Code
11. Pursuant office or i	to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	and 617.1508, Flo f Florida, Such ch	rida Statute	es, the above	named corporation	pration submits this statement for the pon's board of directors. I hereby access	ourpose of changing its registered
agent. I a	im familiar with, and accept the obligati	ons of, Section 61	7.0503, Flo	orida Statutes	s,	,,,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE	E Registered Ace	nt signature require	d when reinstaling)	DATE
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD DELETE		1.1 TITLE			Change Addition	
NAME	MARKGRAAFF, JAN R			1.2 NAME			
STREET ADDRESS	101 01 111 1111 1111		1.3 STREET		ADDRESS		
CITY-ST-ZIP	ORANGE CA		DELETE	1.4 CITY - S	T-ZIP	18.	
TITLE	DS DELETE		DELETE	2.1 TITLE			Change Addition
NAME	MARKGRAAFF, RINNET J			2.2 NAME			
STREET ADDRESS	167 S. MALENA, #D			2.3 STREET			i
CITY-ST-ZIP	DRANGE CA		DELETE	2. 4 CITY-5 3.1 TITLE	1-217		Change Addition
NAME	STOUT, RON	_		3.2 NAME			
STREET ADDRESS	18842 TELLER AVE			3.3 STREET	ADDRESS		
CITY-ST-ZIP	IRVINE CA			3.4. CITY - S	- 1		
TITLE	D		DELETE	4.1 TITLE			Change
NAME	MARCHIANO, BRUCE			4. 2 NAME			
STREET ADDRESS	10926 HORTENSE ST., #14			4.3 STREET	ADDRESS		
CITY-\$1-ZIP	N. HOLLYWOOD CA			4.4 CITY-S	T-ZIP		
TITLE	D		DELETE	5.1 TITLE	J		☐ Change ☐ Addition
NAME	VAN DEN BERGH, REGARDT	u =		5.2 NAME			
STREET ADDRESS	4 VAN HOORN ST, FLAMINOOV	LEI		5.3 STREET	i i		
CITY-\$T-ZIP TITLE	CAPE TOWN, SOUTH AFRICA	<u> </u>	DELETE	5.4 CITY-S	T-ZIP		Change Addition
NAME		Ų	DELLIC	6.1 TITLE 6.2 NAME			☐ Crange ☐ Adoltion
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP		1	,	6.4 CITY-S			

14. I do hereby certify that the information supplied with information indicated on this annual report or sufficient of the corporation of the appears in Block 12 or Block 13 it changed, and in the supplier of the corporation of the corporation of the supplier in Block 12 or Block 13 it changed, and in the supplier in Block 12 or Block 13 it changed, and in the supplier in Block 13 it changed, and in the supplier in Block 13 it changed, and it is changed. is filing does not cralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the small annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that giver on tustify a mipowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

FILED

Aug 11 1997 8:00am

Secretary of State