

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000708 (7)**

1. Corporation Name

**CHARIS PRODUCTIONS INTERNATIONAL, INC.**



Principal Place of Business <b>2720 E WALNUT #39 ORANGE CA 92867 US</b>	Mailing Address <b>P.O. BOX 12238 ORANGE CA 92669-9238 US</b>
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3. Date Incorporated or Qualified

**02/03/1994**

4. FEI Number

**33-0600604**

Applied For

Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>25</b>	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, CLIFF  
337 MAGNOLIA CENTER  
PAMANA CITY FL 32401**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE <b>PTD</b>	<input type="checkbox"/> DELETE
NAME <b>MARKGRAAFF, JAN R</b>	
STREET ADDRESS <b>167 S. MALENA, #D</b>	
CITY - ST - ZIP <b>ORANGE CA</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE
NAME <b>MARKGRAAFF, RINNET J</b>	
STREET ADDRESS <b>167 S. MALENA, #D</b>	
CITY - ST - ZIP <b>ORANGE CA</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STOUT, RON</b>	
STREET ADDRESS <b>18842 TELLER AVE</b>	
CITY - ST - ZIP <b>IRVINE CA</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MARCHIANO, BRUCE</b>	
STREET ADDRESS <b>10926 HORTENSE ST., #14</b>	
CITY - ST - ZIP <b>N. HOLLYWOOD CA</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>VAN DEN BERGH, REGARDT</b>	
STREET ADDRESS <b>4 VAN HOORN ST, FLAMMNOOVLEI</b>	
CITY - ST - ZIP <b>CAPE TOWN, SOUTH AFRICA</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>MARKGRAAFF, JAN R</b>	
1.3 STREET ADDRESS <b>2720 E. WALNUT, #39</b>	
1.4 CITY - ST - ZIP <b>ORANGE, CA 92867</b>	
2.1 TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>MARKGRAAFF, RINNET J.</b>	
2.3 STREET ADDRESS <b>2720 E. WALNUT, #29</b>	
2.4 CITY - ST - ZIP <b>ORANGE, CA 92867</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to an address.

SIGNATURE:

**4/1/98 714.997.4269**

CR2E037 (10/97)