

FILE NOW: FILING FEE IS \$61.25

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90006 063 *****8.75
 05-14-1999 90006 064 *****61.25

**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000708

1. Corporation Name

CHARIS PRODUCTIONS INTERNATIONAL, INC.

Principal Place of Business

2720 E WALNUT
 #39
 ORANGE CA 92867
 US

Mailing Address

P.O. BOX 12238
 ORANGE CA 92669-8238
 US



2. Principal Place of Business

21 **3100 AIRWAY AVE,**
 Suite, Apt. #, etc.
 22 **105**

2a. Mailing Address

26 **P.O. BOX : 17599**
 Suite, Apt. #, etc.
 27

3. Date Incorporated or Qualified

02/03/1994

4. FEI Number

33-0600604

Applied For

Not Applicable

City & State

23 **COSTA MESA, CA**

City & State

28 **IRVINE, CA**

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

Zip

24 **92626**

Country

25 **USA**

Zip

29 **92623-7599**

Country

30 **USA**

6. Election Campaign Financing

☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MARKGRAAFF, JAN R	
STREET ADDRESS	2720 E WALNUT, STE 39	
CITY-ST-ZIP	ORANGE CA 92867	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MARKGRAAFF, RINNEJ J	
STREET ADDRESS	2720 E WALNUT STE 39	
CITY-ST-ZIP	ORANGE CA 92867	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARCHIANO, BRUCE	
STREET ADDRESS	10926 HORTENSE ST., #14	
CITY-ST-ZIP	N. HOLLYWOOD CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN DEN BERGH, REGARDT	
STREET ADDRESS	4 VAN HOORN ST, FLAMINOOVLEI	
CITY-ST-ZIP	CAPE TOWN, SOUTH AFRICA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOB DAVIS
1.3 STREET ADDRESS	UPHILL COTTAGE, SPRING SPINFIELD LANE
1.4 CITY-ST-ZIP	MARLOW, BUCKS. SL7 2LB, UK.
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN WATKINS
2.3 STREET ADDRESS	67 PARK ROAD
2.4 CITY-ST-ZIP	WOKING, SURREY, GU22 7DH. U.K.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUDOLF MARKGRAAFF
3.3 STREET ADDRESS	3100 AIRWAY AVE., STE 105
3.4 CITY-ST-ZIP	COSTA MESA, CA-92626
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VAN DEN BERGH, REGARDT
4.3 STREET ADDRESS	4 VAN HOORN ST, FLAMINOOVLEI
4.4 CITY-ST-ZIP	CAPE TOWN, SOUTH AFRICA
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ERICH MEETZGER
5.3 STREET ADDRESS	309 WALNUT STREET
5.4 CITY-ST-ZIP	NEWPORT BEACH, CA-92663
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)