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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37403 (3)

1. Corporation Name
CHARLES HEARN ENTERPRISES, INC.

Principal Place of Business
13480 NE 6 AVE., #111
NORTH MIAMI FL 33161

Mailing Address
13480 NE 6 AVE., #111
NORTH MIAMI FL 33161-4013



3. Date Incorporated or Qualified 02/07/1992	3a. Date of Last Report 08/09/1996
4. FEI Number 52-1625954	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HEARN, CHARLES
13480 NE 6 AVE., #111
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	HEARN, CHARLES A.	1.2 NAME	
STREET ADDRESS	13480 NE 6 AVE., #111	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VCV	2.1 TITLE	
NAME	HEARN, DOROTHY M.	2.2 NAME	
STREET ADDRESS	409 W. 7 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAUREL DE	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	
NAME	DODSON, CAROLYN H.	3.2 NAME	
STREET ADDRESS	817 BALDWIN DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBURY NY	3.4 CITY - ST - ZIP	
TITLE	DS	4.1 TITLE	
NAME	HEARN, WILLIAM N.	4.2 NAME	
STREET ADDRESS	400 N. DUPONT HWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	DOVER DE	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

Charles A. Hearn / CHARLES A. HEARN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97 (305) 844-0327

DATE

Daytime Phone #

CR2E034 (9/96)