

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90183 024 ***158.75

DOCUMENT # P37403

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1992

4. FEI Number

52-1625954

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

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

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

83

84 City

FL

85 Zip Code

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

TITLE

NAME
HEARN, CHARLES A.
STREET ADDRESS
13480 NE 6 AVE., #111
CITY-ST-ZIP
NORTH MIAMI FL

DELETE

TITLE

NAME
VCV
HEARN, DOROTHY M.
STREET ADDRESS
409 W. 7 STREET
CITY-ST-ZIP
LAUREL DE

DELETE

TITLE

NAME
DODSON, CAROLYN H.
STREET ADDRESS
817 BALDWIN DRIVE
CITY-ST-ZIP
WESTBURY NY

DELETE

TITLE

NAME
DS
HEARN, WILLIAM N.
STREET ADDRESS
400 N. DUPONT HWY
CITY-ST-ZIP
DOVER DE

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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 607, 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:

Charles Hearn-RECHABLES A. HEARN 4/28/99 315.899.032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0234285