

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019740 (8)

1. Corporation Name
CHARLES SENN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
525 PINESONG DRIVE CASSELBERRY FL 32707		525 PINESONG DRIVE CASSELBERRY FL 32707	

21	22	26	27
State, Apt. #, etc.	City & State	State, Apt. #, etc.	City & State
23	24	25	29
Zip	County	Zip	County

3. Date Incorporated or Qualified	3a. Date of Last Report
03/08/1993	05/01/1994
4. FFI Number	Applied For
59-3168069	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under § 199.032 Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SENN, CHARLES 525 PINESONG DRIVE CASSELBERRY FL 32707				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City		B5 Zip Code	
FL							

11. Pursuant to the provisions of Sections 607.0107 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Type or Print Name of Registered Agent and the Corporation) _____ (Type Registered Agent's name and address) _____ (Type)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IF:	
1. NAME	D SENN, CHARLES 525 PINESONG DRIVE CASSELBERRY FL 32707	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Sections 199.032(4)(b), Florida Statutes. Further, I certify that the information included in 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 a resident of the State of Florida or the receiver or trustee responsible for the report as required by Chapter 25, Florida Statutes, and that my name appears on Block 11 or Block 13 of this report or an attachment thereto as address.

SIGNATURE: X *Charles R. Senn* Charles R. Senn 4/28/95 407-331-7179
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR