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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026328 (3)

CHARPENTIER ENTERPRISES, INC.

			This contact is a second time on a second	
Principal Place of Business	Mailing Address		Treath and the second second	made in this in coldin
4168 S ATUANTIC AVE NEW SMYRNA BEACH FL 32169 US	4166 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169 US)	DO NOT WRITE IN THIS SPAC	DE
			3. Date Incorporated or Qualified 04/08/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied Fo
21	26		98-0141811	Not Applic
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additions Fee Required
City & State	City & State			5.00 May Be Added to Fees
Zip Country 25	Zip C	ountry	8. This corporation owes or has paid the current Personal Property Tax due June 30.	
g. Name and Address of Curre			10. Name and Address of New Registered Ager	nt
POLK, JOHN L		81 Name		
141 W. MARION AVE Punta Gorda Fl 33950		82 Street Addr	ess (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 register 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 registers agent. I am femiliar with and accept the objection 607.6505. Florida Statutes

SIGNATURE .	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature	e required when reinstating) OATE		
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	LETE 1.1 TITLE	☐ Change ☐ Ad		
NAME	CHARPENTIER, RENE	1.2 NAME			
STREET ADDRESS	4166 S ATLANTIC AVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY-ST-ZIP			
TITLE	ST DE	LETE 2.1 TITLE	Change Ad		
IAME	CHARPENTIER, DORIS	2.2 NAME			
STREET ADDRESS	4166 S ATLANTIC AVE	2.3 STREET ADDRESS			
NTY-ST-ZIP	NEW SMYRNA BEACH FL 32169	2. 4 CITY - \$1 - ZIP			
ITLE	DEL	LETE 3.1 TITLE	☐ Change ☐ Ad		
AME		3.2 NAME			
TREET ADDRESS		3.3 STREET ADDRESS			
OTY-ST-ZIP		3.4. CITY - ST - ZIP			
ITLE	☐ DEL	LETE 4.1 TITLE	☐ Change ☐ Ad		
AME		4.2 NAME			
TREET ADDRESS		4.3 STREET ADDRESS	,		
ITY-ST-ZIP		4.4 CITY-ST-ZIP	/ /		
ITLE	☐ DEL		Change Ad		
AME		5.2 NAME	11/1/2		
TREET ADDRESS		5.3 STREET ADDRESS	1 1/2/		
TY-ST-ZIP		5.4 CITY - ST - ZIP	1/1/0		
TLE	DEL		Change Ad		
AME]		6.2 NAME	300002499173		
TREET ADDRESS		63 STREET ADDRESS	-04/21/9801049003		
ITY-ST-ZIP		6 4 CITY-ST-ZIP	***150.00		

14. Thereby certify that the information supindicated on this annual report or supph officer or director of the corporation or the Block 12 or Block 13 if changed, or on an a filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.

SIGNATURE: