

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90064 045 ***150.00

DOCUMENT # **P93000037324**

1. Corporation Name

CHARLTON CONSULTANT AND PUBLIC RELATIONS, INC.



Principal Place of Business
6635 WEST COMMERCIAL BLVD
SUITE 205
TAMARAC FL 33319
US

Mailing Address
6950 NW 28TH STREET
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

FEI Number

65-0412466

Applied For

Not Applicable

2. Principal Place of Business

4762 West Commercial Blvd

2a. Mailing Address

4762 West Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
Tamarac Florida

City & State
Tamarac Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip
33319

Country
Broward

Zip
33319

Country
Broward

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHARLTON, ELVIS R
6950 NW 28TH STREET
MARGATE FL 33063**

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

☐ DELETE

TITLE
P
NAME
CHARLTON, ELVIS R
STREET ADDRESS
6950 NW 28 STREET
CITY-ST-ZIP
MARGATE FL 33063

TITLE
V
NAME
CHARLTON, JANNETT R
STREET ADDRESS
6950 NW 28 STREET
CITY-ST-ZIP
MARGATE FL 33063

TITLE
D
NAME
NYSHA, BEBE
STREET ADDRESS
6611 NW 70TH AVENUE
CITY-ST-ZIP
MARGATE FL 33321

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

801-771-3345

Date

Daytime Phone #

CR2E034 (11/98)