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Feb 11 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 # **P93000037369 (4)**

1. Corporation Name
CHARLSE CUSTOM HOMES, INC.

Principal Place of Business
951 BROKEN SOUND PARKWAY
SUITE 135
BOCA RATON FL 33487

Mailing Address
951 BROKEN SOUND PARKWAY
SUITE 135
BOCA RATON FL 33487-3531

3. Date Incorporated or Qualified: **05/25/1993**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26: 4075 NW 60 CIRCLE
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: BOCA RATON FL
Zip — 24
Country — 25
Zip — 29: 33496
Country — 30

4. FEI Number: **65-0413079** — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CHARLSE, STEVEN
951 BROKEN SOUND PARKWAY
SUITE 135
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4075 NW 60 CIRCLE
83
84 City: BOCA RATON FL 85 Zip Code: 33496

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: (Pres.) — 2/4/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CHARLSE, STEVEN	
STREET ADDRESS	951 BROKEN SOUND PKWY., STE. 135	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DV	☐ DELETE
NAME	WATT, STEVEN M	
STREET ADDRESS	951 BROKEN SOUND PKWY., STE. 135	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	☐ DELETE
NAME	CHARLSE, STANLEY	
STREET ADDRESS	951 BROKEN SOUND PKWY., STE. 135	
CITY-ST-ZIP	BOCA RATON FL 33487	
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

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	4075 NW 60 CIRCLE	
1.4 CITY-ST-ZIP	BOCA RATON FL 33496	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	4075 NW 60 CIRCLE	
2.4 CITY-ST-ZIP	BOCA RATON FL 33496	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	4075 NW 60 CIRCLE	
3.4 CITY-ST-ZIP	BOCA RATON FL 33496	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: (Pres.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338877