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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	Mailing Address
951 BROKEN SOUND PARKWAY SUITE 135 BOCA RATON FL 33487	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): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): 4075 NW 60 CIRCLE
Suite, Apt. #, etc. (27):
City & State (28): BOCA RATON FL
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: [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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CHARLSE, STEVEN		1.2 NAME		
STREET ADDRESS	951 BROKEN SOUND PKWY., STE. 135		1.3 STREET ADDRESS	4075 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WATT, STEVEN M		2.2 NAME		
STREET ADDRESS	951 BROKEN SOUND PKWY., STE. 135		2.3 STREET ADDRESS	4075 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CHARLSE, STANLEY		3.2 NAME		
STREET ADDRESS	951 BROKEN SOUND PKWY., STE. 135		3.3 STREET ADDRESS	4075 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: [signature] (Pres.) TYPED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338877