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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P93000088197 (7)					
MANE EVENT OF CHARLOTTE COUNTY, INC.					
Principal Plac	e of Business	Mailing Address			SEV NOVAN INDIA OERIY OERY OERI
MANE EVERT		3871 TAMIAMI TRAIL			
3871 TAMIAMI TRAIL UNIT C UNIT - C PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 3395			9	DO NOT WRITE IN THIS	SPACE
U\$	0116 16 00002	FOR CHARLOTTE IE 5550	4	3. Date Incorporated or Qualified	
			· · · · · · · · · · · · · · · · · · ·	01/01/1994	
$-\sim$	Tames of Business	2a. Mailing Address	To	4. FEI Number	Applied For
Suite, Apt.		26 33 / AM Svite Apt. #, etc.	AMITR.	65-0466474	Not Applicable
22 Unit C 27 Unit C				5. Certificate of Status Desired	Fee Required
City & State	* H	28 P.C. Flo.		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Couptry	7/2	Country	8. This corporation owes or has paid the c	
24 3391		29 33952 3	0 USA.	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	l'Agent
WANTJE, MARY R			81 Name	ANTIE MARU R	
21202 OLEAN BLVD., UNIT E-1			62 Street Add	ress (P.O. Box Number is Not Acceptable)	
PU	rt Charlotte FL 33952		83 11 1	A .O .	
			Unit	C. FORT CHAR.	ar Tin Onda
			84 City	FI	L 85 3395a
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this state					of changing its registered
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 apply and accept the objection 607,0505, Florida Statutes.					
SIGNATURE	THUM MU	IUX)	7.	7/26	1 2
12,	Signature, Myod or printed name of registered agent OFFICERS AND	/ 1	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELE TE	1.1 7/TLE		Change Addition
NAME	WANTJE, MARY R		1.2 NAME		
STREET ADDRESS	3871 TAMIAMI TRAIL #C		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME OTOGET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	•	
STREET ADDRESS CITY+ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
· NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET E	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		occeit	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELET E	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	0.02/0/// 51-51-61-61-61-61-61-61-61-61-61-61-61-61-61	

I hereby certify that the information supplied with this filling 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if ghanged, or on an attachming that it an address.