

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000009843 (1)**

1. Corporation Name
CHARU'S, INC.



Principal Place of Business: **1432 LEEWAY AVE ORLANDO FL 32810**
 Mailing Address: **1432 LEEWAY AVE ORLANDO FL 32810**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 07/10/1995
21		26		4. FEI Number 59-3225764	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRANTON, RUTH 1432 LEEWAY AVE ORLANDO FL 32810				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 state if applicable) (NOTE: Registered Agent Signature requires witness standing) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRANTON, RUTH			2. NAME			
STREET ADDRESS	1432 LEEWAY AVE			3. STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL 32810			4. CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, CHARLENE			22. NAME			
STREET ADDRESS	201 PINE WINDS DR			23. STREET ADDRESS			
CITY - ST - ZIP	SANFORD FL 32773			24. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY - ST - ZIP				34. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY - ST - ZIP				44. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY - ST - ZIP				54. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				64. CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ruth Branton V.P./Secretary* 4/8/96 407-647-3113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)