

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

DOCUMENT # P94000019076 ✓

1. Corporation Name

CHARLSE DEVELOPMENT, INC.

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

Mailing Address
4075 NW 60 CIR
SUITE 135
BOCA RATON FL 33496
US

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90010 049 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1994

4. FEI Number

65-0483230

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

2. Principal Place of Business

21 16316 Bristol Pointe Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 16316 Bristol Pointe Dr.
Suite, Apt. #, etc.

City & State

23 Delray Beach, FL

City & State

28 Delray Beach, FL

Zip Country

24 33446 25 USA

Zip Country

29 33446 30 USA

9. Name and Address of Current Registered Agent

CHARLSE, STEVEN
4075 NW 60 CIR
SUITE 135
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name
Charles, Steven
82 Street Address (P.O. Box Number is Not Acceptable)
16316 Bristol Pointe Dr.
83
84 City
Delray Beach FL 85 Zip Code
33446

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 *X* *Charles*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME CHARLSE, STEVEN
STREET ADDRESS 4075 NW 60 CIR
CITY-ST-ZIP BOCA RATON FL

TITLE DVS ☐ DELETE
NAME WATT, STEVEN
STREET ADDRESS 4075 NW 60TH CIR
CITY-ST-ZIP BOCA RATON FL

TITLE DVT ☐ DELETE
NAME CHARLSE, STANLEY
STREET ADDRESS 4075 NW 60TH CIR
CITY-ST-ZIP BOCA RATON FL

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 DP ☒ Change ☐ Addition
1.2 NAME Charles, Steven
1.3 STREET ADDRESS 16316 Bristol Pointe Dr.
1.4 CITY-ST-ZIP Delray Beach, FL 33446

2.1 TITLE DVS ☒ Change ☐ Addition
2.2 NAME Watt, Steven
2.3 STREET ADDRESS 16316 Bristol Pointe Dr.
2.4 CITY-ST-ZIP Delray Beach, FL 33446

3.1 TITLE DVT ☒ Change ☐ Addition
3.2 NAME Charles, Stanley
3.3 STREET ADDRESS 16316 Bristol Pointe Dr.
3.4 CITY-ST-ZIP Delray Beach, FL 33446

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *X* *Charles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99
Date

(941) 947-2929
Daytime Phone #

CR2E034 (11/98)