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

PROFIT CORPORATION ANNUAL REPORT

1999

ST. CHARLES REALTY CORP.



DOCUMENT # **P94000027979**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90144 038 ***150.00

Principal Place of Business Mailing Address								JW 1181) 1887W	18111.19	B10 1011 1001	
1342 COLONIAL BLVD.			1342 COLONIAL BLVD.								
STE 34			STE 34				DO NOT WRITE IN THIS SPACE				
FT MYERS FL 33907			FT MYERS FL 33907 US				3. Date Incorporated or Qualifed				
US		US					04/11/1994				
2 Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		App	ied For	
·	ace of Dusiness	26	Waning / Wares				NOT APPLICABLE	<u> </u>		Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.7		ditional	
22	,	27					5. Certificate of Status Desired	Fe	e Req	uired	
City & State			City & State				6. Election Campaign Financing	\$ 5.	00 N	lay Be	
23			8				Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country			8. This corporation owes the current year Intangible				
24	25 29 30		<u> </u>			Personal Property Tax.					
	9. Name and Address of Current	nt Regis	tered Agent			N	10. Name and Address of New Registere	d Agent			
7541	HED CLAYTON D			81	1	Name					
ZEHNER, CLAYTON R 1342 COLONIAL BLVD.			82	2	Street Addre	ss (P.O. Box Number is Not Acceptable)					
SUITE 31				<u> </u>							
FT MYERS FL 33907				83							
1 (14	11ENG 1 E 30907			84	1	City	F	85	Zip Co	ode .	
			7. 4500 Ft	455-	1		ration submits this statement for the purpose		a ite re	agistored	
office or re	egistered agent, or both, in the State	of Florid	la. Such change was aut	nonzed by	/ II	named corpo he corporation	n's board of directors. I hereby accept the app	ointment a	is regi	stered	
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Florid	la Statute	s.					1	
SIGNATURE		-1 1	familiantia (NOTE: P	logistered Age	net.	signature required	when reinstating) DATE			\	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS					3111	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12	
TITLE	PD	10 01112	DELETE	13.				Cha	nge	Addition	
NAME	ZEHNER, CLAYTON R			1.2 NAME							
STREET ADDRESS	1342 COLONIAL BLVD STE 34	1		1.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	FT MYERS FL 33907			1.4 CITY-1	ST-	.zip					
TITLE	STD		☐ DELETE	2.1 TITLE				Chai	nge	Addition	
NAME I	ZEHNER, LORA		2.2 NAME								
STREET ADDRESS	1342 COLONIAL BLVD STE 34	ŀ		2.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	FT MYERS FL 33907			2. 4 CITY-	\$T	- ZIP					
TITLE			☐ DELETE	3.1 TITLE				Chai	nge	☐ Addition	
NAME				3.2 NAME						1	
STREET ADDRESS				3.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP				3 4. CITY-	ST	-ZIP					
TITLE			☐ DELETE	4.1 TITLE		1		☐ Cha	nge	☐ Addition	
NAME				4. 2 NAME	•						
STREET ADDRESS				4.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP				4.4 CITY-	ST-	ZIP					
TITLE			☐ DELETE	5.1 TITLE				Cha	inge	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE							
CITY-ST-ZIP				5.4 CITY-		-ZIP				The second	
TITLE			DELETE	6.1 TITLE				☐ Cha	inge	Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STRE	ET/	ADDRESS				1	

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

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS