

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000031216 (2)**

1. Corporation Name

**THIRD CHARTER FINANCIAL CORPORATION**

Principal Place of Business

Mailing Address

621 N.W. 53RD ST.  
SUITE 320  
BOCA RATON FL 33487-7

621 N.W. 53RD ST.  
SUITE 320  
BOCA RATON FL 33487-7



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 700 S. Federal Hwy		26 700 S. Federal Hwy		04/25/1994	02/19/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 200		27 Suite 200		65-0488421	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Boca Raton FL		28 Boca Raton FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24 33432	Country	29 33432	Country	Yes No	
25 USA		30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS INC.  
3732 N.W. 16TH ST.  
FT. LAUDERDALE FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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	D	1.1 TITLE	D
NAME	GURBA, STEVE	1.2 NAME	Steve Gurba
STREET ADDRESS	621 N.W. 53RD ST. SUITE 320	1.3 STREET ADDRESS	101-121 N. Queen St. POB 4767
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	Lancaster, PA 17603
TITLE	D	2.1 TITLE	D
NAME	OTTO, EDGAR	2.2 NAME	Edgar Otto
STREET ADDRESS	621 N.W. 53RD ST. SUITE 320	2.3 STREET ADDRESS	1900 Corporate Blvd NW Suite 400 West
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	Boca Raton FL 33431
TITLE	D	3.1 TITLE	D
NAME	SHAPIRO, GARY	3.2 NAME	Gary Shapiro
STREET ADDRESS	621 N.W. 53RD ST. SUITE 320	3.3 STREET ADDRESS	700 S. Federal Hwy Suite 200
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	Boca Raton FL 33432
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

CR2E034 (4/97)