FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:43
TALLAHASSEE FLORIDA

DOCUMENT # **P94000041076 (8)**

1. Corporation Name
SOCCER CHARMS INCORPORATED

Principal Place of Business
655 NW 44TH ST
FT LAUDERDALE FL 33309

Mailing Address
655 NW 44TH ST
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
24: 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
29: 30:

4. FEI Number: 65-0502623 ☐ 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 application has been prepared for interstate use under § 180.022 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTS, TRACY
6740 NW 20TH ST
MARGATE FL 33063

10. Name and Address of New Registered Agent

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 Section 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 (of New Registered Agent if changing) (of Registered Agent if not changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	PDTS	1 Title	☐ Change ☒ Addition
2 Name	TRACY ROBERTS	2 Name	
3 Street Address	6740 NW 20TH ST	3 Street Address	
4 City St Zip	MARGATE, FL 33063	4 City St Zip	
5 Title		5 Title	☐ Change ☐ Addition
6 Name		6 Name	
7 Street Address		7 Street Address	
8 City St Zip		8 City St Zip	
9 Title		9 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City St Zip		12 City St Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City St Zip		16 City St Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City St Zip		20 City St Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City St Zip		24 City St Zip	

14. To the best of my knowledge, the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I 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: Tracy Roberts TRACY ROBERTS 4-3-95 305 7760531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0218147 CP