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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:50

DOCUMENT # P94000062409 (5)

1. Corporation Name
CHART ONE DESIGNS, INC.

Principal Place of Business
8607 MIRAMAR PARKWAY
MIRAMAR FL 33025

Mailing Address
8607 MIRAMAR PARKWAY
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1994
3a. Date of Last Report:

4. FEI Number: 65-0515775 | ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21: P.O. Box 8787
22: Suite, Apt. #, etc.
23: City & State: Coral Springs FL
24: Zip: 33065
25: Country: Broward

2a. Mailing Address
26: P.O. Box 8787
27: Suite, Apt. #, etc.
28: City & State: Coral Springs FL
29: Zip: 33065
30: Country: Broward

9. Name and Address of Current Registered Agent

SANTOS, REYDEL
10753 S.W. 104TH ST.
KILLIAN PROF. VILLAGE
MIAMI FL 33176

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HATCH, PAUL
STREET ADDRESS	8607 MIRAMAR PARKWAY
CITY ST ZIP	MIRAMAR FL 33025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☑ Change ☐ Addition
1.2 NAME	Paul Hatch	
1.3 STREET ADDRESS	~~P.O. Box 8787~~ 8548 NW 24th Crt	
1.4 CITY-ST-ZIP	Coral Springs FL 33065	

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: Paul Hatch — Paul Hatch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/27/95 — Daytime Phone #: 305-472-9225

0087750 CP