

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P94000068654
1. Corporation Name		1 040000000

1. Corporatio	n Name " P940000	J0000 4		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FIE.	
CHARTY	VELL, INC.			SCOREMIC OF ST TATLETER, ELO	SIDE.	
				C LANCIANT RIG TATHE CORE OF BRITIS CORE CONTRACTOR	ALD BALDI IBND BALDI	. .
Principal Plac	e of Business	Mailing Address		4 100110011 110 10111 01011 00111 00111 00111 00	4(8 B4(8) 18318 B3(8)	
1610 INDEPEND	DENT SQUARE	1610 INDEPENDENT SOUARE				
1610	CI 00000	1610		DO NOT WRITE IN TH	HE COACE	
JACKSONVILLE US	FL 32202	JACKSONVILLE FL 32202 US		3. Date Incorporated or Qualified	113 SPACE	1
**		•		09/19/1994		l !
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	[A]	pplied For
21		26		59-3273355	+ +	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75	Additional
22		27		5. Certificate th States Pasifed	Fee Re	equired
City & Stat	e	City & State		6. Election Campaign Financing		May Be
Zip	Country	28	Country	Trust Fund Contribution		to Fees
24	Country [25]	Zip 29 30		8. This corporation owes the current year Personal Property Tax	Intang-ble [] Yes	ENI
24	9. Name and Address of Current	- L	1.	10. Name and Address of New Register	=	
			81 Name	_	-	_
1	gan, armindia m		B2 Street Addi	I state Registered Age ress (P.O. Box Number is Not Acceptable)	nt Corr	poration
	INDEPENDENT SQUARE		701 B	crickell Avenue		
JACI	KSONVILLE FL 32202		83]			į
			Suite	3000	ا سخاعها	Code
l			Miami	. F	L 85 20 €	ĭ31
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Florida, Such channe was autho	the above pamed cog	poration submits this statement for the purpose	of changing its	s registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	on's board of directors. Thereby accept the ap	~ 6 b	31.5.1.
SIGNATURE	Donald W. Wallis Signature, typed or printed name of registered agent	, Vice Presider	nt Mount	MMMM 2-	3-77	İ
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO) 185 IN 12
TITLE	С	[] DELETE	1 1 THILE		[Change	[Addition]
NAME	STEIN, ROBERT L		1.2 NAME			
STREET ADDRESS	1610 INDEPENDENT SQUARE		1.3 STREET ADDRESS			``
CITY-ST-ZIP	JACKSONVILLE FL		14 C(T) - ST - 71-1			{
TITLE	CEO	[] DELETE	2.1 TITLE		[Change	[Additon
NAME	PURCELL, KENNETH		2.2 NAME	90000277 -02/09/99-	电子息息	1==2
STREET ADDRESS	161 INDEPENDENT SQUARE		23 STREET ADDRESS	-U2/U3/93-	UIII35 10 - www.u.1	(11)(6) 11:0 00
CITY-ST-ZIP	JACKSONVILLE FL	{ DELETE	2 4 CHY-S1-ZIF	****150.0	-	150.00 [[Addion]
TITLE	P AMPINIATOR ANTHONIV	(I DELETE	3 1 T.TEF		[Change	[[Action]
NAME	MARINATOS, ANTHONY		3.2 NAMS			1
STREET ADDRESS	1610 INDEPENDENT SQUARE JACKSONVILLE FL		3.3 STREET ADDRESS			
TITLE	CFO	[] DELETE	34 C/TY+\$T+ZIF:		[Change	noisbbA1]
NAME	LANIGAN, ARMINDIA		4 2 NAME		E 1 7 11 37	
STREET ADDRESS	1610 INDEPENDENT SQUARE		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		44 C(1) -5! -26*			Í
TITLE		[] DELETE	51 THEF		[Change	[Addition
NAME:			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP		. <u> </u>	54 C/TY+ST+Z//*	\		ľ
TITLE		[] DELETE	6 1 TITLE	Ul	[Change	{ Addition

STREET ADDRESS

CITY-ST-ZIP

14. Thereby 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 of 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.

SIGNATURE:

1128/99

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