

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068897 (5)**

1. Corporation Name  
**LUCKY CHARM, INC.**

Principal Place of Business Mailing Address  
**91 BEECHWOOD LANE PALM COAST FL 32137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/19/1994** 3a. Date of Last Report **FIRST TIME**  
4. FEI Number **104-52-8029** 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. 100.022, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **120 Palm Coast Parkway** 26 **SAME**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **Palm Coast, Florida** 28 City & State  
24 **32137** 25 **USA** 29 City & State 30 Country

9. Name and Address of Current Registered Agent  
**GUNTARP, PAUL M JR., ESQ  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST FL 32137**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ALBANO, JAMES
STREET ADDRESS	91 BEECHWOOD LANE
CITY - ST - ZIP	PALM COAST FL 32137
TITLE	D
NAME	AKBANO, JANE M
STREET ADDRESS	91 BEECHWOOD LANE
CITY - ST - ZIP	PALM COAST FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DELETE INFO ON THIS LINE</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PRESIDENT ALBANO, JANE M.</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICE PRESIDENT SOLEMI, MAUREN 13 Blackwood St Palm Coast, FL 32137</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Jane M Albanu* **JANE M. ALBANO** 4/20/95 (904) 445-2293