FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072589 (2)

994 CHA	RLIE SIERRA, INC.							
Principal Place of Business Mailing Address					F ################################	ig Othu ibbid isl		IGN IEBI
1888 RIVER ROAD JACKSONVILLE FL 32207		1888 RIVER ROAD JACKSONVILLE FL 323	1888 RIVER ROAD JACKSONVILLE FL 32207-3902		•			
					3. Date Incorporated or Qualified	3a. Dat	e of Last Re	eport
					09/28/1994	03/19	9/1996	
2. Princ-pal P 21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3275704		 _	plied For t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	e	City & State	- L. L		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	30	ountry	8. This corporation has liability fo	r intangible t	tax under s	
 1	9. Name and Address of Curi				10. Name and Address of New F	egistered A	gent	
SMIT	TH, CHRISTY A			81 Name				
	RIVER ROAD			82 Street Add	ress (P.O. Box Number is Not Accept	able)		
JACKSONVILLE FL 32207					Toos (1.0. box 110 mor 15 ffor 100 pe	16.07		
				83				
		•		84 City	141-11	FL	85 Zip C	Code
11. Pursuant office or r agent I a	to the provisions of Sections 607.0 registered agent, or both, in the St en familiar with, and accept the ob	502 and 607 1508, Florida S ite of Florida, Such change v ligations of, Section 607.050	tatutes, the was authoriz 5, Florida St	above-named corp ed by the corpora atutes.	poration submits this statement for the tion's board of directors. I hereby acc	purpose of ept the appo	changing its intment as	s registered registered
SIGNATURE	Principle spect or printed in all of registers a	and the state of the state for	JNOTE: Prajeto	red Agent signature requi	ind whos minutation)	DATE		
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	D	☐ DELETE		TITLE			Change	Addition
NAME	SMITH, CHRISTY A		1.2	NAME				
STREET ADDRESS	1888 RIVER ROAD		1.3	STREET ADDRESS				
CITY-ST-7IP	JACKSONVILLE FL 32207		1.4	CITY-ST-ZIP				
TOLE		DELETE	21	THTLE			Change	Addition
NAME:			22	NAME		•		
STREET ADDRESS			23	STREET ADDRESS				
CITY - S1 - 20P			2. 4	I CiTY - ST - ZIP				
TIPLE	<u> </u>	DELETE	31	TITLE		į	Change	Addition
NAME			32	NAME				
STREET ACCIDESS			33	STREET ADDRESS				
CHY+S1+ZP			3.4	. CITY - ST - ZIP				
Till: F		DELETE	41	TITLE		İ	Change	Addition
NAME			4. 2	? NAME				
STREET ADDRESS			4.3	STREET ADDRESS				ļ
CHTM+ST+7-P				CITY-ST-ZIP				
Taff E		☐ DELETE	5.1	TITLE		ı	Change	Addition
NAME			5 2	NAME				
STREET ADORESS			5.3	STREET ADDRESS				
CHY ST-ZP			5.4	CITY - ST - ZIP				
Tille		DELETE	6.1	TITLE			Change	Addition

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 except 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 all achievent with an address.

6.2 NAME

6.3 STREET ADORESS 6.4 City-St-Zip

SIGNATURE:

NAME STREET ADDRESS

CITY - \$1 - 20-

GNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97 (904) 398-963

FILED

Jan 27 1997 8:00am

Secretary of State