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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9400 CHARLES & ASSOCIATES		(7)						
Principal Plac	ce of Business	Mailing Address	Mailing Address					( <b>1)</b> ( <b>))</b>	
B-2	IDGE CIRCLE WEST RINGS FL 34689	PO BOX 864	J.F. CHARLES AND ASSOCIATES INC PO BOX 864 TARPON SPRINGS FL 34688-0664				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing Addres	s				11/04/1994 4. FEI Number Appli	ed For	
21		26	<b>├</b>					pplicable	
Suite, Apt	. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc. 27				5. Certificate of Status Desired		
City & Sta		City & State	28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	30 30	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   ▼ Yes ☐ No		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
36	Bert E. Wiggins, P.A. 402 US 19 North LM Harbor Fl 34684				Sti	reet Addr	Address (P.O. Box Number is Not Acceptable)		
				84		·	FL 85 Zip Co		
11. Pursuant office or agent. I a	to the provisions of Sections 607, registered agent, or both, in the Sam familiar with, and accept the ob-	0502 and 607.1508, Florida tate of Florida. Such change oligations of, Section 607.05	Statutes, the was authori; 05, Florida S	abovi ed by tatutes	e-nai the s.	med corp corporat	poration submits this statement for the purpose of changing its relicion's board of directors. I hereby accept the appointment as re-	egistered gistered	
SIGNATURE			(NOVE Deserv				red when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register  12. OFFICERS AND DIRECTORS  13.					ar sign	nercus redris	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 12	
TITLE	DPT			TITLE			Change	Addition	
NAME	FABRIZIO, JOSEPH C		1.2	NAME		1			
STREET ADDRESS	RESS 1135 PINE RIDGE CIR. WEST, B-2		1.3	1.3 STREET ADDRESS		ESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4	1.4 CITY-ST-ZIP					
TITLE	DVS	☐ DEL€					☐ Change L	Addition	
NAME	FABRIZIO, SHARON M			2.2 NAME		- }			
STREET ADDRESS			23	2 3 STREET ADDRESS		ess			
CITY-ST-ZIP			4 CITY - ST - ZIP		<u>`</u>		TARANIA -		
TITLE		DELE		TITLE		-	∟ Change L	Addition	
NAME				3.2 NAME		}			
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		-			
CITY-ST-ZIP TITLE	<del></del>	DELE		CITY-S	T-ZIP	<del>'</del> -	Change	Addition	
HILL	,	L Pett	· = = *.!	THE			L Grange L		

6.4 CITY-ST-ZIP 14. I 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 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.

1. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Change

Addition

Addition

**FILED** 

Apr 20 1998 8:00am

Secretary of State