FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000012540 (7)**

1. Corporation Name

CHARLES GARDEN APARTMENTS, INC.

Principal Place of Business	Mailing Address
OST OFFICE BOX 1439 FT. LAUDERDALE FL 33302	OST OFFICE BOX 1439 FT. LAUDERDALE FL 33302

3. Date Incorporated or Qualified: 02/13/1995

3a. Date of Last Report: 2-13-95

2. Principal Place of Business
21 190 S.E. 12 Ave
22 Suite, Apt. #, etc. —
23 City & State: Pompano Beach, FL
24 Zip: 33060 25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 1439
27 Suite, Apt. #, etc. —
28 City & State: Ft. Lauderdale FL
29 Zip: 33302 30 Country: U.S.A.

4. FEI Number: 65-0560226 ☐ 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

9. Name and Address of Current Registered Agent

MORRIS, DAVID
888 E. LAS OLAS BOULEVARD
SUITE 220-A
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: David Morris
82 Street Address (P.O. Box Number is Not Acceptable): 1105 S.E. 4th Street
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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: David Morris — David Morris — DATE: 2-4-96
Signature of registered agent and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, DAVID	1.2 NAME	
STREET ADDRESS	1105 S.E. 4TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: David Morris — David Morris 2-4-96 — (954) 463-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #