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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012540 (7)

1. Corporation Name

CHARLES GARDEN APARTMENTS, INC.

Principal Place of Business

190 S.E. 12 AVENUE  
POMPANO BEACH, FL 33060

Mailing Address

P.O. BOX 1439  
FT. LAUDERDALE, FL 33302

3. Date Incorporated or Qualified  
02/13/1995

3a. Date of Last Report  
02/04/96

2. Principal Place of Business

21 190 S.E. 12 Avenue

Suite, Apt. #, etc.

22 City & State

23 Pompano Beach, FL

24 Zip 33060

25 Country USA

2a. Mailing Address

26 P.O. Box 1439

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, FL

29 Zip 33302

30 Country USA

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  
1105 S.E. 4TH STREET  
FT. LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 this state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am empowered to, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*David Morris*

David Morris

3/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, DAVID	
STREET ADDRESS	1105 S.E. 4TH STREET	
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33301	<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MORRIS, VIRGINIA	
13 STREET ADDRESS	1105 S.E. 4TH STREET	
14 CITY-STATE-ZIP	FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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-04/02/97--01124--011  
\*\*\*165.00

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 included 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 2 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

*David Morris*

David Morris, 3/28/97

Date (954) 463-7773

CR2E034 (9/96)