

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

**FILED**

**Apr 07 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000012540 (7)**  
 1. Corporation Name  
**CHARLES GARDEN APARTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
190 SE 12TH AVENUE POMPANO BEACH FL 33060 US		P.O. BOX 1439 FT. LAUDERDALE FL 33302 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt #, etc	26 Suite, Apt #, etc	02/13/1995	65-0560226
22 City & State	27 City & State	5. Certificate of Status Desired	Applied for / Not Applicable
23 Zip Country	28 Zip Country	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORRIS, DAVID  
1105 SE 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and FEI number (NOTE: Registered Agent's signature required when reinstating)

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

SIGNATURE: *David Morris* David Morris 3/31/98 954-463-7773

CR2E034 (10/97)