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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000026896 (7)

1. Corporation Name  
CHARLSE DEVELOPMENT II, INC.



Principal Place of Business

851 BROKEN SOUND PARKWAY  
SUITE 135  
BOCA RATON FL 33487

Mailing Address

951 BROKEN SOUND PARKWAY  
SUITE 135  
BOCA RATON FL 33487-3531

3. Date Incorporated or Qualified  
04/04/1995

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0572909

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

CHARLSE, STEVEN  
%CHARLSE DEVELOPMENT, INC.  
951 BROKEN SOUND PARKWAY, SUITE 135  
BOCA RATON FL 33487

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

33496

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, 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CHARLSE, STEVEN  
STREET ADDRESS 951 BROKEN SOUND PARKWAY, SUITE 135  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VSD ☐ DELETE

NAME WATTLSE, STEVEN  
STREET ADDRESS 951 BROKEN SOUND PARKWAY, SUITE 135  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE TD ☐ DELETE

NAME CHARLSE, STANLEY  
STREET ADDRESS 951 BROKEN SOUND PARKWAY, SUITE 135  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 4075 NW 60 CIRCLE  
1.3 STREET ADDRESS BOCA RATON FL 33496  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME WATT, STEVEN  
2.3 STREET ADDRESS 4075 NW 60 CIRCLE  
2.4 CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 4075 NW 60 CIRCLE  
3.3 STREET ADDRESS BOCA RATON FL 33496  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

Daytime Phone #

CR2E034 (9/96)