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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P95000026896 (7)

CHARLSE DEVELOPMENT II. INC.

Principal Place of Business	Mailing Address
951 BROKEN SOUND PARKWAY	4075 NW 60 CIR
SUITE 135	BOCA RATON FL 33496
BOCA RATON FL 33487	U\$

**FILED** May 20 1998 8:00am Secretary of State



SUITE 135 BOCA RATON	EI 22407	BOCA RATON FL 33496 US			DO NOT WRITE IN THIS SPACE
DOOR HATOR	15 90407	00			3. Date Incorporated or Qualified
O Origonal Di	ace of Business	2a. Mailing Address			04/04/1995 4. FEI Number Applied For
21 4075	こうしょう をわば ひょのんししき	26. Mailing Address			Applied to
Suite, Apt.		Suite, Apt #, etc.			65-0572909   Not Applicable   \$8.75 Additional
22		27			Certificate of Status Desired     Fee Required
Estato Raton FL 28 City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country Zip		Count	ry	8. This corporation owes or has paid the current year Intangible	
24 257	Name and Address of Current R	29   egistered Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
CU	ARLSE, STEVEN		8	1 Na	Name
	'5 NW 60 CIR		8:	2 Str	Street Address (P.O. Box Number is Not Acceptable)
B01	CA RATON FL 33496		8:		
			8		City.
			184	4 City	City FL 85 Zip Code
office or re	o the provisions of Sections 607.0502 ar ogistered agent, or both, in the State of I in familiar with, and accept the obligation	Tonda. Such change was	authorized b	by the	named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agent air	ditor if applicable (NO	TE Registered A	gent sign	s griature required when reinstating) DATE
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TALE		Change Addition
NAME	CHARLSE, STEVEN		1.2 NAME		
STREET ADDRESS	4075 NW 60 CIR		1.3 STREE	ET ADDRE	IDRESS
CITY-ST-ZIP	BOCA RATON FL		1.4 CHTY-		
TITLE	VSD	L DELFTE	2.1 TITLE		☐ Change ☐ Addition
NAME	WATT, STEVEN		2.2 NAME		
STREET ADDRESS	4075 NW 60 CIR		2.3 STRFE	T ADDRE	DORESS
CITY-ST-ZIP	BOCA RATON FL	DECET	2. 4 CITY		
TITLE	TD OT STANIES	☐ DELETE	3.1 701.6		Change Addition
NAME	CHARLSE, STANLEY		3.2 NAME		
STREET ADDRESS	4075 NW 60 CIR		3.3 STREE		
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	3.4. CITY	- \$T- 7IP	··· - · · · · · · · · · · · · · · · · ·
		ריי סניניונ	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAM		
STREET ADDRESS			4 3 STREE		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		ZIP Change Addition
1					t Change I Addition
NAME CIDEET ADDRESS			5.2 NAME		NOTES.
STREET ADDRESS			5.3 STREE		
CITY-ST-ZIP TITLE		☐ DEL€ TE	5.4 CITY- 6.1 TITLE		ZIP Change Addition
NAME CTOCCT ADDDCCC			6.2 NAME		NDT O
STREET ADDRESS			6.3 STREE		
CITY-ST-ZIP	ertily that the information supplied with t	his films dose not qualify t	64 CITY-		rp stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information.

officer or director of the copyration of the receiver or trustice 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 copyration or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an indiverse.