

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000050594 (7)

1. Corporation Name

CHEAP SKATE CHARLIE, INC.



Principal Place of Business

Mailing Address

125-55 BISCAYNE BLVD.
NO. MIAMI FL 33181

125-55 BISCAYNE BLVD.
NO. MIAMI FL 33181

2. Principal Place of Business

2a. Mailing Address

21 125-55 BISCAYNE BLVD

26 125-55 BISCAYNE BLVD

Suite, Apt #, etc

Suite, Apt #, etc

22 429

27 429

City & State

City & State

23 NO MIAMI FLA

28 NO MIAMI FLA

Zip

Country

Zip

Country

24 33181

25 USA

29 33181

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMALL, JESSE
409 WEST HALLANDALE BEACH BLVD. STE 415
HALLANDALE FL 33009

81 Name JESSE SMALL CPA
82 Street Address (P.O. Box Number is Not Acceptable)
409 W HALLANDALE BEACH BLVD
83
84 City HALLANDALE FL 85 Zip Code 33009

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

Signature type: 1) principal place of business agent or state representative

(NOTE: Registered Agent Signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/>	DELETE
NAME	GOMER, BERNIE		
STREET ADDRESS	125-55 BISCAYNE BLVD.		
CITY - ST - ZIP	NO. MIAMI FL 33181		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME				
13 STREET ADDRESS				
14 CITY - ST - ZIP				
21 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22 NAME				
23 STREET ADDRESS				
24 CITY - ST - ZIP				
31 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME				
33 STREET ADDRESS				
34 CITY - ST - ZIP				
41 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME				
43 STREET ADDRESS				
44 CITY - ST - ZIP				
51 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME				
53 STREET ADDRESS				
54 CITY - ST - ZIP				
61 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME				
63 STREET ADDRESS				
64 CITY - ST - ZIP				

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernard Gomer Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96

305-8687171

CR2E034 (3/96)