

**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 # P95000078530 (9)

1. Corporation Name
CHARLES VANOT, INC.



Principal Place of Business: **2100 RANGE RD CLEARWATER FL 34625**
Mailing Address: **2100 RANGE RD CLEARWATER FL 34625**

3. Date Incorporated or Qualified: **10/09/1995**
3a. Date of Last Report

21. Principal Place of Business	22. Mailing Address	4. FEI Number	Applied For
		59-3356586	<input type="checkbox"/> Not Applicable
22. Suite, Apt #, etc	27. Suite, Apt #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**PERSSON, LARS-ERIK
21957 US 19 N
CLEARWATER FL 34625**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
2100 Range Road
83. City
Clearwater 85. Zip Code
FL 34625

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. Thereby 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 date if applicable. (Do Not Register Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	11 TITLE	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONIN, OLIVIER	12 NAME	Lars-Erik Persson
STREET ADDRESS	21957 US 19 N	13 STREET ADDRESS	2100 Range Road
CITY-ST-ZIP	CLEARWATER FL 34625	14 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	VAS <input type="checkbox"/> DELETE	21 TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSSON, LARS-ERIK	22 NAME	Olivier Monin
STREET ADDRESS	21957 US 19 N	23 STREET ADDRESS	2100 Range Road
CITY-ST-ZIP	CLEARWATER FL 34625	24 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 supplementary 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 principal 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: **Lars-Erik Persson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96
Date

813-461-3033
Daytime Phone #

CR2E034 (3/96)