

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

Mailing Address

2100 RANGE RD
CLEARWATER FL 34625

2100 RANGE RD
CLEARWATER FL 34625

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

21 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3356586

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

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)

83 2100 Range Road

84 City

Clearwater

FL

85 Zip Code
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. 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 their applicable

(Not Required) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTS
NAME MONIN, OLIVER
STREET ADDRESS XXXXXXXX
CITY-ST-ZIP 21957 US 19 N
CLEARWATER FL 34625

TITLE VAS
NAME PERSSON, LARS-ERIK
STREET ADDRESS XXXXXXXX
CITY-ST-ZIP 21957 US 19 N
CLEARWATER FL 34625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE PTS
12 NAME Lars-Erik Persson
13 STREET ADDRESS 2100 Range Road
14 CITY-ST-ZIP Clearwater, FL 34625

21 TITLE VAS
22 NAME Olivier Monin
23 STREET ADDRESS 2100 Range Road
24 CITY-ST-ZIP Clearwater, FL 34625

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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 registered agent 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

6/6/96

813-461-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)