


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

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000095266 (9)			
1. Corporation Name CHARB, INC.			
Principal Place of Business 5909 F BRECKNIDGE DR TAMPA FL 33610 US		Mailing Address 6301 COCOA LANE APOLLO BEACH FL 33572-2319	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, AILEEN S 100 S ASHLEY DRIVE SUITE 1500 TAMPA FL 33602		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP	
D CHARBONNEAU, ROGER 6301 COCOA LANE APOLLO BEACH FL 33572		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	
D CHARBONNEAU, ELIZABETH 6301 COCOA LANE APOLLO BEACH FL 33572		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	
D CHARBONNEAU, ELIZABETH 6301 COCOA LANE APOLLO BEACH FL 33572		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	
D CHARBONNEAU, ELIZABETH 6301 COCOA LANE APOLLO BEACH FL 33572		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	
D CHARBONNEAU, ELIZABETH 6301 COCOA LANE APOLLO BEACH FL 33572		61. TITLE 62. NAME 63. STREET ADDRESS 64. 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: _____		R. E. CHARBONNEAU 4/1/97 (813) 641-7884	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)