

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000095549 (8)**

1. Corporation Name
CHARTER INDUSTRIES, INC.

Principal Place of Business
**% LEE MANDELL
75 VALENCIA AVENUE, SUITE 1002
CORAL GABLES FL 33134**

Mailing Address
**% LEE MANDELL
75 VALENCIA AVENUE, SUITE 1002
CORAL GABLES FL 33134-6135**



3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report
04/16/1996

2. Principal Place of Business	2a. Mailing Address
21 % LEE MANDELL	26 % LEE MANDELL
Suite, Apt. #, etc. SUITE 424	Suite, Apt. #, etc. SUITE 424
22 255 ALHAMBRA CIRCLE	27 255 ALHAMBRA CIRCLE
City & State	City & State
23 CORAL GABLES, FL 33134	28 CORAL GABLES, FL 33134
Zip Country	Zip Country
24 33134 US	29 33134 US

4. FEI Number 65-0647685	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MANDELL, LEE ESQ.
75 VALENCIA AVENUE
SUITE 1002
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANDELL, LEE ESQ.	
STREET ADDRESS	% 75 VALENCIA AVENUE, SUITE 1002	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ORSBURN, MICHAEL L.	
STREET ADDRESS	7924 SO WOODRIDGE DRIVE	
CITY-ST-ZIP	PARKLAND FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MANDELL LEE ESQ.	
1.3 STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 424	
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Michael L. Orsburn* **Michael L. Orsburn** **4/27/97** **954-753-4531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)