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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

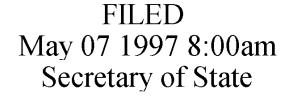
**Bandra B. Mortham** 

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P95000095549 (8)

CHARTER INDUSTRIES, INC.





Principal Place of Business  Mailing Address  LEE MANDELL  75 VALENCIA AVENUE. SUITE 1002  CORAL GABLES FL 33134  Mailing Address  LEE MANDELL  75 VALENCIA AVENUE. SUITE  CORAL GABLES FL 33134				5					
k 						<ol> <li>Date Incorporated or Qualified</li> <li>12/18/1995</li> </ol>		ie of Last H   <b>6/1996</b>	teport
	lace of Business	2a. Mailing Address				4. FEI Number	<del></del>	A	polied For
h	E MANDELL	26 % LEE MAI				65-0647685		<del></del>	ot Applicable
	LHAMBRA CIRCLE	Suite, Apt: #, etc. 127 255 ALHAM				6. Certificate of Status Desired			Additional equired
	GABLES, FL 33134	<del></del>			134	Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24 331	Country 34 25 US	Zip 33134	Cour	<sup>ntry</sup> US		8. This corporation has liability for			i. 1 <b>9</b> 9.032,
24 331	9. Name and Address of Current		30	05		Florida Statutes  10. Name and Address of New Re	Yes X		
LAN.	DELL, LEE ESQ.	Alexand Mailt		81 Name		IV. Hame and Courses of 146W No.	Averesen W	Agus	
	ALENCIA AVENUE		Į						
SUITE 1002				B2 Street	Addre	ess (P.O. Box Number is Not Acceptable)			
, , , , , ,	IAL GABLES FL 33134		ţ	83		<del></del>			
			ļ	DAL OIL				Table 50	0.4
			ļ	84 City			FL	<b>85</b> Zip	Code
SIGNATURE	to the provisions of Sections 607.0502 ogistered agont, or both, in the State o in familiar with, and accept the obligation Signature typed or primed name of registered agent OFFICERS AND	and title if applicable (NC	_			d when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	D OFFICERS AND	DELETE	1.1 TIT	F	T	······································		Change	L Addition
NAME	MANDELL, LEE ESQ.		1.7 III		MAN	DELL LEE ESQ.	,	ET CHIANG	בַן אטטייוטוו
STREET ADDRESS	% 75 VALENCIA AVENUE, SUITI	E 1002		nic Reet address	255	ALHAMBRA CÎRCLE	SUI	TE 4	24
CITY-ST-ZiP	CORAL GABLES FL 33134			Y-ST-ZIP		RAL GABLES, FL. 3			- 1
TIME	Р	DELETE	2.1 TIT		1			Change	Addition
NAME	ORSBURN, MICHAEL L.		2.2 NA	ME					
STREET ADDRESS	7924 SO WOODRIDGE DRIVE		2351	ieet address	ſ	•			
CITY-ST-ZIP	PARKLAND FL		2.4 CI	TY-ST-ZIP					
THE		☐ DELETE	3.1 TIT	LE				Change	Addition
NAME (			3.2 NA						
STREET ADDRESS			- 1	REET ADDRESS					}
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i				reet aduress Y-ST-ZIP					
CITY-SI-ZIP TITLE		☐ DELETE	5.1 TIT		<del> </del>			Change	Addition
NAME		<b>—,</b>	5.2 NA		1		•		
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STREET ADDRESS				REET ADDRESS					ĺ
CITY-SY-ZIP				Y-ST-ZIP					}
		51. 41 - 405				- C 440 07(0)() Florida District			

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 conforation 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 Pick 13 if happens or on an attachment with an address.