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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095549 (8)

CHARTER INDUSTRIES, INC.

FILED Feb 03 1998 8:00am Secretary of State



Drive single Plane	of Diveloppe	hanile - Andreson		<u> </u> 1885 186 18 1845 185 185 185 185 185 185 185 185 185 18
Principal Place of Business Mailing Address				
% LEE MANDEL 255 ALHAMBRA		% LEE MANDELL 255 ALHAMBRA CIR., STE,	ADA	
CORAL GABLES		CORAL GABLES FL 33134	424	DO NOT WRITE IN THIS SPACE
ยร		US		3. Date Incorporated or Qualified
		. <u> </u>		12/18/1995
2. Principal Plan		2a. Mailing Address	L. A. A.	4. FEI Number Applied For
	Brickell Avenue	26 800 Ben	Kell Hveni	
Suite, Apt. #,	5wte 904		wite 904	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	iAnt, FLORIDA	City & State 28 MI AMU	FLORIDA	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip >4 / 2	Country	Zip 5 2 / 3 /	Country /	8. This corporation owes or has paid the current year Intangible
24 33 (3	1 23	29 33/3/ 3	0 (1)	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
MANDELL, LEE ESQ. 81 Name MANDELL Lee ESQ				
				ddress (P.O. Box Number is Not Acceptable)
SUITE 1002 800				00 Brukell Avenue
CORAL GABLES FL 33134				Surfe 904
			84 City	NIAmi FL 85 Zip Code 33/3/
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.				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorida 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 I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE	18 pages Addition
NAME	MANDELL, LEE ESQ.		1.2 NAME /	MANDELL Lee ESQ Scute 904
STREET ADDRESS	255 ALHAMBRA CIR., STE. 424		1.3 STREET ADDRESS	800 BRICKELL AVENUE SCUTE 187
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY - ST - ZIP	MIAMI, FLORIDA 3313/
TITLE	P	DELETE	2.1 TITLE	ORSburn MichAEL L Herrange Addition
NAME	ORSBURN, MICHAEL L.	•		
STREET ADDRESS	7924 SO WOODRIDGE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL		2. 4 CITY - ST - ZIP	DEERfield BEACH, FL. 33441
TITLE		DELETE	3.1 TITLE	Li Change Li Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY - ST-ZIP 4.1 TITLE	Change Addition
NAME			4.1 MLE 4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - \$T - ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	tify that the information symplied with	this filing does not qualify for t		in Section 119 07(3)(i) Florida Statutes, Liturther 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