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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000097377 (2) DOCUMENT

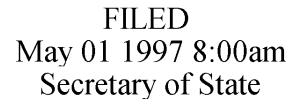
CHARLES BRAND INCORPORATED

Principal Place of Business

Mailing Address

\$151 SUNBEAM ROAD UNIT 19

5151 SUNBEAM ROAD UNIT 19





JACKSONVILLE FL 32257		JACKSONVILLE FL 32257-6137					
					3. Date Incorporated or Qualified 12/20/1995	3a. Date of Last 04/17/1996	· .
	lace of Business	2a. Mailing Address		4. FEI Number Applied For			
21 Suite Act # atc		26				lot Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		City & State	<u> </u>		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,		
24	9. Name and Address of Currer	29]	30			Yes No	
		it Registered Agent	8	1 Name	10. Name and Address of New Reg	istered Agent	
90% 407	DOKS, MICHAEL L ' EAST MOROE STREET STE 20	n					
	KSONVILLE FL 32202	2	82 Street Addre		Idress (P.O. Box Number is Not Acceptable)		
UA.	MOOITFILLE I L 02202		8	3			
			8	4 City		FI 85 Zip	Code
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	OFFICIORS Such change was	aumonzea i	av the comon	rporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing the appointment as	its registered s registered
SIGNATURE	Signature typed or printed name of registered ago	and the second second					
12.	OFFICERS AN		13.	gent signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	BATE BS AND DIRECTOR	21/1/29
TITLE	D	DELETE	1.1 101.0		7102177011011010101010101010101010101010	☐ Change	Addition
NAME	Brian H Rand		1.2 NAMI				
STREET ADDRESS	8880 OLD KINGS ROAD SOU	TH STE 91W	1.3 STRE	E1 ADDRESS			[
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY	·SI · ZiP			
TITLE	D	★ DELETE	2.1 1ITUE			Change	Addition
NAME	GREGORY, CHARLES		2.2 NAMI	.			
STREET ADDRESS	724 CAMELLIA TERRACE DRI	VE	2.3 STRE	FT ADDRESS			
CITY-ST-ZIP	NEPTUNE BEACH FL 32288	Drutt.	2. 4 CITY	- ST - ZIP			
TITLE		L DELETE	3.1 1/11 6			Change	☐ Addition
NAME Syreet address			3.2 NAM6				
CITY-ST-ZIP				ET ADDRESS			
TITLE		DELETE	3.4 CITY 4.1 TITLE	- 51-711		Change	Addition
NAME			4. 2 NAM			crusinge	L. J reduien
STREET ADDRESS			4.3 STREE	T ADDHESS			
CITY-ST-ZIP			4.4 CITY	\$1-ZIP			
TITLE		☐ DELETE	5.1 TIPLE			☐ Change	Addition
NAME			5.2 NAM(
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CHY-	S1 - 7IP			
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		,	6.4 CITY-	ST-ZIP			

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the hental annual coordinate and accurate and that my signature shall have the same legal effect as it made under oath; that every or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name