

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000001324 (8)

1. Corporation Name

CHARMARL INC.



Principal Place of Business

Mailing Address

~~4231 NW 53 Court~~
~~COCONUT CREEK~~ FL 33073

2. Principal Place of Business

2a. Mailing Address

21 See Above

26 See Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 COCONUT CREEK FL

28 COCONUT CREEK FL

24 Zip FE 33073 Country Broward

29 Zip 33073 Country Broward

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

4. FEI Number

65-0640765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Allen Shappe

82 Street Address (P.O. Box Number is Not Acceptable)

17400 NE 12th Court

83

84 City

N Miami Beach FL

FL

85 Zip Code

33142

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

Allen Shappe

Allen Shappe

4/29/96

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

(NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ~~VINCENT PARRISH~~
STREET ADDRESS ~~600 S. W. 1st St.~~
CITY-ST-ZIP ~~MIAMI BEACH, FL 33134~~

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - VICE Pres ☐ Change ☐ Addition

1.2 NAME ROBERTA MORRIS

1.3 STREET ADDRESS 4231 NW 53 Ct.

1.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

2.1 TITLE SECRETARY - TREAS ☐ Change ☐ Addition

2.2 NAME DOUGLAS MORRIS

2.3 STREET ADDRESS 4231 NW 53 Ct.

2.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Roberta Morris - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

370-6633

Daytime Phone

CR2E034 (12/95)