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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010002 (9)

CHARLOTTE FINANCIAL SERVICES, INC.

FILED Apr 02 1998 8:00am Secretary of State



I Thirtipus Flac	,0 01 D03111035	Maining Address		
307 EAST MARION AVENUE 307 EAST MARION AVENUE				
PUNTA GORE	DA FL 33950	PUNTA GORDA FL 33950		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
ļ				01/29/1996
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21 481	3 TAMAIAMI TR	26 4813 TAM	IAIAMI TA	
Suite, Apt.		Suite, Apt. #, etc.	H I I I I I I I I I I I I I I I I I I I	SR 75 Additional
22 City & Stat	0	27 City & State		Fee Required
23 CHAR	LOTTEHBR FL	28 CHARLOTTE	HBR. FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 2 2/	980 25 CHARLOTTE	29 33980 3	Country	This corporation owes or has paid the current year Intangible
24 2 2	9. Name and Address of Current		O CHA RLOT	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
OFFITTO MOST D. BIL Name				
ASSESSED ASS				CARLO LORICCO
307 EAST MARION AVENUE			82 Street,	Address (P.O. Box Number is Not Acceptable)
PUNTA GORDA FL 33950				DODS CAKING WAY SUITER
			~	
	\mathcal{L}		84 City	RETCHARDITE FL 85 79 CON 9
11. Pursuant to the provisions of Sections 607.05/2 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of bridge such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farmiar with, and accept the poligatings of Section 607.0505, Florida Statutes.				
SIGNATURE V 1/1/V 1/1/V 1/1/V 1/1/V				
Signature, typod or printed name of registered and title ill epipicable (NOTE: Registered Agent signature required when reinstating) DATE				
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TATLE	PS	DELETE	1.1 TITLE	Change Addition
NAME	GEERTS, JOSE	•	1.2 NAME	
STREET ADDRESS	307 E. MARION AVE.		1.3 STREET ADORESS	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 City-St-ZiP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VERNEDAAL, HERMAN		2.2 NAME	
STREET ADDRESS	3891 DG ROZENDAAL		2.3 STREET ADDRESS	
CITY-ST-ZIP	NETHERLANDS VA		2.4 CITY-ST-ZIP	
TITLE	TO JOHN RUEDEI 4813 TAMIAMI CHARIUTEHAR	DELETE	3.1 TITLE	TREASURER Change Addition Join RUEDER 41813 TAMISMITTRAIL CHAR JUTE HAR BOR, FL, 33980
NAME	4813 TAMIAMI	TRL.	3.2 NAME	JOIN RUEDER _ ,
STREET ADDRESS	CHAR WITEHAR	BUR, FZ, 33980	3.3 STREET ADDRESS	41813 TAMIMAIL
CITY-ST-ZIP		, , , , ,	3.4. CITY - ST - ZIP	CHARLOTTE HAR BOR, FL. 33980
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-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			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP	and the short blood and a second	46.2. (1)	6.4 CiTY-ST-ZIP	
14. I 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 man attachpool with an address.				
Shows the stream group of a management spirit and account spirit and accounts.				