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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary, of State DIVISION OF CORPORATIONS

DOCUMENT # P9600015339.

CHARLENE'S SOUL CUISING INC 306 S OR ANGE BLOSSOM TRAIL

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90051 027 ***150.00

| Principal Place of Business | Mailing Address | 22 | (-11-50 | 2 | | |
|--|--|---|---|--|----------------------|------------|
| 306 S ORANGE BLOSSON TRAIL 306 SORANGE BLOSSATE | | | _ | | | |
| ORLANDOFL 32805 ORLANDOFL | | | DO NOT WRITE IN THIS SPACE | | | |
| J R Z M Z J X | 00.000 | 328 | <i>a</i> s | 3. Date Incorporated or Qualifed | | |
| | | | | 4 FFI No. | 1 1 | |
| 2. Principal Place of Business | 2a. Mailing Addre | | 1-81- | 4. FEI Number 59-3362560 | ' ' ' | lied For |
| 21 306 SORANGE | E BLOSSEM 26 306 Suite Apt # | 3 OFF | NUE DEOSSIN | 3 1-3362360 | \$8.75 A | Applicable |
| Suite, Apt. #, etc. | ,, | eic. | | 5. Certifcate of Status Desired | Fee Rec | 1 |
| City & State | 27 City & State | | | C. Starting Company Financing | | <u> </u> |
| | | 40100 F | a | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 M Added to | · 1 |
| Zip ORLANDO F L | ry Zip | Cou | untry | 8. This corporation owes the current year | | |
| 24 32805 25 OF | | | • | Personal Property Tax. | Yes) | No |
| 24 0 0 | ess of Current Registered Agent | | | 10. Name and Address of New Registere | | |
| | - | | 81 Name | | | |
| CHARLONE DU | DOC | | 99 Ctor at Add | (D.O. Rey Number is Not Acceptable) | <u> </u> | |
| 306 S OLANGE BLOSSON TRAIL 82 Street Address | | | ress (P.O. Box Number is Not Acceptable) | | | |
| 300 3 Octivo | | | 83 | | | |
| OPLANDO FA | - 3 2805 | | | | A | |
| | | | 84 City | F | 85 Zip C | ode |
| 11. Pursuant to the provisions of Sec | ctions 607.0502 and 607.1508, Florid | da Statutes, the a | bove-named corp | poration submits this statement for the purpose | of changing its i | egistered |
| office or registered agent, or both | n, in the State of Florida. Such chang cept the obligations of, Section 607.0 | ge was authorized | d by the corporation | on's board of directors. I hereby accept the app | ointment as reg | istered |
| _ | sept the obligations of, occition our s | ,5555, 1 10:1 44 O .44 | atos. | 1,10 | 199 | |
| SIGNATURE Signature, typed or printed name | e of registered agent and title if applicable. | (NOTE Registered | Agent signature require | xd when reinstating) DATE/ | | |
| 12. | OFFICERS AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | |
| TITLE DUST | □ Dt | ELETE 1.1 T | TLE | | Change | Addition |
| NAME CHARLENE | Dy Base | 1.2 N | AME | | | |
| STREET ADDRESS 306 5 OF | Dybose and Blossom TRA o FL 32805 | 1.3 \$ | TREET ADDRESS | | | |
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| OTT-OT-ZII | | 2.40 | TREET ADDRESS | | | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Dubose

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