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

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

FILED

Feb 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016654 (1)

CHARLSE/WATT CAPITAL CORP.

Principal Place of Business		Mailing Address	Mailing Address		. T PURINKAN ILE KANSA DIKIN ERLIK ARDIK RAINK BRIAN LURIN AKINA BINAN ONILI DIWA KARA	
951 BROKEN SOUND PARKWAY SUITE 135 BOCA RATON FL 33487		951 BROKEN SOUND PARKWAY				
		SUITE 135	SUITE 135 BOCA RATON FL 33487-3531			
		BUCA HATUN FL 3048/-303			3a. Date of Last Report	
				3. Date Incorporated or Qualified 02/22/1996		
2. Principat Plac	ce of Business	2a. Mailing Address	60 CIRCLE	4. FEI Number	Applied For	
Suite, Apt. #,	Estr.	26 40 15 NO Suite, Apt #, etc.	ac cince	- US 00473A	Not Applicable \$8.75 Additional	
22]	-	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State OAT	28 POCA RATON FL		\$5.00 May Be	
23 Z _{(D}	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for i		
24	25	29 33491	10		Yes No	
=-1	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent	
SALVA	ATORI, LEO J		81 Nagre	NEW MULDIS	SE .	
*4501 TAMIAMI TRAIL NORTH			B2 Sintel Addit	sees (P.O.Bow Number is Not All conflic		
SUITE			" 47)7!	5 NW RO CAK	CIL	
	ES FL 33940-3060		83			
iga di Sa	2012 000 10 0000		24 0: 4 =		In-1 7: 0: 4:	
			84 City)MA RATION	FL 53496	
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the p	purpose of changing its registered	
office or reg	istered agent, or both, in the State	e of Florida. Such change was au	ithorized by the corporation	tion's board of directors. I hereby accep	at the appointment as registered	
	1200	- / Pars.)	iou ciulotos.			
SIGNATURE Signature	grature, typiid or prieted name of log stered a		Registered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
TITLE	RESIDENT	DELETE	11 TITLE		Change Addition	
NAME	STEVEN CHARLE	E	1.2 NAME			
STREET ADDRESS	1075 NW 100.C	ikcie	1.3 STREET ADDRESS			
CITY - ST - ZIP	SOCA PATON I	2 33496	1.4 CITY - ST - ZIP			
TITLE	ICE PRESIDENT	ISECRETARIU	2.1 TITLE		Change Addition	
NAME 2	STEVEN WATT	1	2.2 NAME			
STREET ADDRESS	1075 NW 100 C	RCIE.	2.3 STREET ADDRESS			
CITY-ST-ZIP	SOCA EATON F	33496	2.4 CITY-ST-ZIP		<u> </u>	
TITLE	ICE PRESIDENT	/TREASURER	3.1 TITLE		Change Addition	
NAME	STANLEN CHA	PILE	3.2 NAME			
STREET ADDRESS	IDIE NW 100'C	IRCIE	3 3 STREET ADDRESS			
CITY-ST-ZIF	SOCA PATON P	1 33446	3.4. CITY - ST - ZIP			
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-SI-ZIP			5.4 CITY+ST-ZIP	·		
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14, I do hereby				d in Section 119.07(3)(i), Florida Statute		
intormation Lam an offic	indicated on this annual report of der or director of the corporation	r supplemental annual report is tru or the receiver or trustee empowe	ue and accurate and that ered to execute this repor	t my signature shall have the same lega rt as required by Chapter 607, Florida S	॥ enect as it made under dath; that Statutes: and that my name	