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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000027251**1. Corporation Name

CHARDA MARKETING, INC.

Principal Place of Busi	ness

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90030 035 \*\*\*150.00



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Principal Place	e of Business	М	lailing Address										
3510 Woodland Ridge Drive Temple Terrace FL 33637			9510 WOODLAND RIDGE DRIVE TEMPLE TERRACE FL 33637					DO NOT WRIT	E IN THIS (	PACE			
							2 Data Incorners		L IN I HIS	JI ACE			
							3. Date Incorporati	eu vi quained					
<u> </u>	1. A Davis and	10	G- Mailian Address				03/22/1996 4. FEI Number				Anni	ied For	
2. Principal Place of Business			2a. Mailing Address				··				• • •	Applicable	
		26					59-3370659-					75 Additional	
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				5. Certifcate of St	atus Desired			Requ		
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City & Stat	e		City & State				6. Election Campa Trust Fund Cor	_			ed to	•	
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Zip				30			Personal Prope			Yes	3	No	
4	9. Name and Address of Current	29 t Bogie		30			10. Name and Add						
	9. Name and Address of Current	r regi	staten våenr		81	Name	to: Italiio ana /						
STE	EGE, DAVID E												
9510 WOODLAND RIDGE DRIVE					82	Street Addre	ss (P.O. Box Numbe	r is Not Accepta	ble)				
TEMPLE TERRACE FL 33637													
. =	·				83							<u> </u>	
					84	City	<del></del> -		FL	85 2	Zip Co	ode	
44 6	to the provisions of Sections 607.0502		207 1509, Etorido Statuto	e the al		named corpo	ration eubmite this st	atement for the		hanging	its re	agistered	
office or r	registered agent, or both, in the State of familiar with, and accept the obligation	nt Elori	da. Such change was au	thonzed	DV 1	ine corporatio	n's board of directors	. I hereby accep	t the appoin	tment a	s regi	stered	
SIGNATURE			A NOTE:	0	*:	t signature required			DATE	<del>.</del>			
49	Signature, typed or printed name of registered agen OFFICERS AN			13.	Agent	signature required	ADDITIONS/CH	ANGES TO OF		DIREC	CTOR	S IN 12	
12. TITLE	PD	ואוטט	DELETE	1,1 111	ΠF		7100717070707	,		☐ Char		Addition	
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CITY, ST. 7IP				6.4 CI									

14. 1 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 reports 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 fruster empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged of pn an attacking with the address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #