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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

(原のはなるものないなか)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067273 (8)

J. CHARLOTTE & ASSOCIATES, INC.

FILED
May 01 1998 8:00am
Secretary of State

	DO NOT WRITE IN THIS SPACE
ate Incorpor	ated or Qualified

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1410 MAGEI STE. 203 SARASOTA US	··· •	1410 MAGELLAN DRIVE STE. 203 SARASOTA FL 34243 US			DO NOT WRITE IN 3. Date Incorporated or Qualified 08/13/1996	I THIS SPACE	<u> </u>
2. Principal Place of Business 21		2a. Mailing Address 26 /850 Mis Occ			4. FEI Number 65-0691653		Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Sta		City & State 28 SARASOTA	FL		Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	29 Zip 34239	Countr 30 U	SA	This corporation owes or has paid Personal Property Tax due June 30). Tyes	. ☑ No
	9, Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Regis	stered Agent	
	Flugner, J G 133 Main Street #101			<u> </u>			*·
	ARASOTA FL 34237		82	Street Add	fress (P.O. Box Number is Not Acceptable)	ļ	
, J	WANALU I P O4501		83	<u> </u>			
			84	City		FL 85	Zip Code
office or	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was bligations of, Section 607.0505, Fl	authorized b lorida Statute	y the corpora is.	poration submits this statement for the pur ation's board of directors. I hereby accept t	pose of chan- he appointme	ging its registered ent as registered
10	Signature, typed or printed name of registered	AND DIRECTORS		ent signature requ		DATE	OTODO (AL 42
12.	D	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	CI	
NAME	CHARLOTTE, JEFFREY		1.2 NAME			<u>.</u>	- Ango Maarron
STREET ADDRESS		TE. 203		T ADORESS			
CITY+ST-ZIP	BRADENTON FL 34243		1.4 CITY-	ST-ZIP			
TITLE		DELETE	2.1 TITLE			CI	hange Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	1 Address	·		
CITY-ST-ZIP		Delete	2. 4 CITY-	ST-ZiP			1 4100
TITLE		☐ DELETE	3.1 TITLE				hange L Addition
NAME CTOCCT ADDRESS			3.2 NAME	T ADDDESC			
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-	T ADDRESS			
TITLE		DELETE	4.1 TITLE	O1-TH		☐ Ct	nange Addition
NAME			4. 2 NAME				• -
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		DELETE	5.1 TITLE			CI	hange Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE.	5.4 C(TY -	ST - ZIP			3 3 300
TITLE	1	☐ DELE T E	6 1 TITLE			∐ CI	hange
NAME	1		6.2 NAME	į.			
STREET ADDRESS				ADDRESS			
CATY-ST-ZIP	1		6.4 CITY-:	ST-ZIP			

14. Thereby 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 congoration 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 charged, or on an attachment with an address.

SIGNATURE:

A 1945 - 1945

4-24-98 941-915-8944