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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000089711 (1)

CHARLO'S ENTERPRISE. INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		I JOBALEER ISO DONO DARN DERN BON DERN HOUSE	<u> </u>	
3038 JOHN YOUNG PARKWAY, STE. 8		3038 JOHN YOUNG PARKWAY, STE. 8				
ORLANDO FL 32804		ORLANDO FL 32804		DO NOT WRITE IN THE	IS SPACE	
					Date Incorporated or Qualified	IS SI AGE
					10/29/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3415608	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible Yes No
24	26 Name and Address of Curr	ent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	
-	- 11 	eur uedistaran videur	81	Name	IV. Harne and Addition of Hoth Hoger	- 1.g-c
	ARLES, CECIL					
7305 WOODWORTH WAY			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
OHL	ANDO FL 32818		83			
			<u> </u>			
			84	City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607 1508, Florida Statut	es, the abov	e-named cor	rogration submits this statement for the nurross	e of changing its registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ite of Florida. Such change was a	authorized b	y the corpora	ation's board of directors. I hereby accept the	appointment as registered
	The land with the state of the state	iganiona or, beeron cor reces, i n	oraid Olaidio	.		
SIGNATURE	Signature, typiod or printed name of registered a	agent and title if applicable (NOT	f Registered Ag	ent signature requ	uired when reinstating) DATE	
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A	
TOTLE	DPT	☐ DELETE	1.1 TITLE			Change L Addition
NAME	CHARLES, CECIL		1.2 NAME			
STREET ADDRESS	1000 11000 11111 11111			ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818			ST - ZIP		Change Addition
TITLE	DVS	DELETE	2.1 TITLE			Li Change Li Addition
NAME	oracide, priori		2.2 NAME		,	
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE			2.4 CITY- 3.1 TITLE	21 - ZIF		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				F ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETE	4.1 TITLE	יובי וכו		☐ 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	3		5.2 NAME			
STREET ADDRESS	•			T ADDRESS		
CITY-ST-ZIP	. •		5.4 CiTY-			
TITLE			61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		
			-	1		

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 suppliemental 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 attack my fill with an address. ECIL CHARLES H-16.98

407-293-7600