

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000100721**

Corporation Name  
**CHARLIE PAPPA, INC.**

Principal Place of Business

**7000 SE FEDERAL HWY.  
SUITE 303  
STUART FL 34997**

Mailing Address

**7000 SE FEDERAL HWY.  
SUITE 303  
STUART FL 34997**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90016 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/12/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0689683</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CHIRAS, JAMES P 7000 SE FEDERAL HWY. SUITE 303 STUART FL 34997</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

I, Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
LE	P	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE	CHIRAS, JAMES P		1.2 NAME				
REET ADDRESS	7000 SE FEDERAL HWY., SUITE 303		1.3 STREET ADDRESS				
Y-ST-ZIP	STUART FL 34997		1.4 CITY-ST-ZIP				
LE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	POVILLE, THIERRY		2.2 NAME				
REET ADDRESS	211 GARDEN RD		2.3 STREET ADDRESS				
Y-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP				
LE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE			3.2 NAME				
REET ADDRESS			3.3 STREET ADDRESS				
Y-ST-ZIP			3.4 CITY-ST-ZIP				
LE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE			4.2 NAME				
REET ADDRESS			4.3 STREET ADDRESS				
Y-ST-ZIP			4.4 CITY-ST-ZIP				
LE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE			5.2 NAME				
REET ADDRESS			5.3 STREET ADDRESS				
Y-ST-ZIP			5.4 CITY-ST-ZIP				
LE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE			6.2 NAME				
REET ADDRESS			6.3 STREET ADDRESS				
Y-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/99** **561-221-7933**  
Date Daytime Phone #

0110549

CR2E034 (5/99)



**Stuart  
Financial  
Group**  
OF FLORIDA, INC.

7000 SE Federal Highway  
Suite 303  
Stuart, Florida 34997  
561-221-7933 • Fax 561-221-8062  
Toll Free 1-800-945-4774

S83420-900/6-6  
P96000/00721



James P. Chiras  
President

June 30, 1999

Florida Dept. of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: FEI #: 65-0689683  
Corporation Name: Charlie Pappa, Inc.

To Whom It May Concern:

Today we received in the mail 2<sup>nd</sup> Notice for 1999 Profit Corporation Annual Report Packet. We did not receive your 1<sup>st</sup> Notice. I called your office to inform you and was told to write a letter stating this. We were informed you would consider waiving the penalty with this letter.

I am enclosing a check in the amount of \$150.00.

Thank you for your attention to this matter.

Sincerely,

James P. Chiras, CFP

JPC:dd

enclosure



Securities offered through Tower Equities, Inc.  
Member NASD, MSRB, & SIPC  
James P. Chiras, Registered Representative

**PLANNING  
Pays Off!**