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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90003 017 ***150.00

USK1/256

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000030675

1. Corporation Name
DENNIS CHARLEY & ASSOCIATES, INC.



Principal Place of Business 2913 N.W. 82ND AVENUE MIAMI FL 33122	Mailing Address 2913 N.W. 82ND AVENUE MIAMI FL 33122
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/04/1997

2. Principal Place of Business 21 1555 NORTHARK DRIVE	2a. Mailing Address 26 1555 NORTHARK DRIVE
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100
City & State 23 WESTON FL	City & State 28 WESTON FL
Zip 24 33326	Country 25 BROWARD
	Zip 29 33326
	Country 30 BROWARD

4. FEI Number
65-0743448

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLEY, DENNIS
 2913 N.W. 82ND AVENUE
 MIAMI FL 33122

81 Name DENNIS O CHARLEY
82 Street Address (P.O. Box Number is Not Acceptable) 1555 NORTHARK DRIVE SUITE 100
83
84 City WESTON
85 Zip Code FL 33326

11. 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: DATE: **4-15-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	CHARLEY, DENNIS	
STREET ADDRESS	2913 N.W. 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DENNIS CHARLEY		
1.3 STREET ADDRESS	1555 NORTHARK DRIVE SUITE 100		
1.4 CITY-ST-ZIP	WESTON FL 33326		
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	TODD A CHARLEY		
2.3 STREET ADDRESS	1555 NORTHARK DRIVE SUITE 100		
2.4 CITY-ST-ZIP	WESTON FL 33326		
3.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	RENÉE A CHARLEY		
3.3 STREET ADDRESS	1555 NORTHARK DRIVE SUITE 100		
3.4 CITY-ST-ZIP	WESTON FL 33326		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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, when an attachment with address, with all other like empowered.

SIGNATURE: DATE: **4-15-99** DAYTIME PHONE: **954-319-7103**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS O CHARLEY

CR2E034 (11/98)