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 # P97000086798

1. Corporation Name

ST. CHARLES PROPERTIES, INC.

Principa	ił Place	of	Business

Mailing Address

15630 MCGREGOR BOULEVARD #102 FORT MYERS FL 33908

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

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	LIOT	WRITE		THE	CDAC
1111.3	NIC) E	WRITE	IN	I HIS	SPAL.

					DO NOT WITH IN	O OI AOL	
					Date Incorporated or Qualifed 10/06/1997		
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	Ар	plied For
26		26			65-0790438	. No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75·A	
22		27			3. Certificate of Otation Desired	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	Мау Ве
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year In		
24	25	29 3	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	d Agent	
ENO	VALOON PINITY I		81	Name			
	VALSON, KINLEY I		82	Street Add	ress (P.O. Box Number is Not Acceptable)		-
	VICTORIA AVENUE						
FOR	T MYERS FL 33901		83	3		•	
			84	City		. 85 Zip C	
			04	City	F:	L lest zip	70G6
agent. I a	to the provisions of sections 607,050. egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by la Statutes	the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: R	egistered Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELĒTE	1.1 TITLE			☐ Change	Addition
NAME	DECKER, WALTER		1.2 NAME	ļ			
STREET ADDRESS	15960 CHATFIELD DRIVE		1.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 CITY-S	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	HANSEN, ASGER		2.2 NAME	}			
STREET ADDRESS	12120 SIESTA DRIVE		23 STREE	T ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH FL 3393	1	2. 4 CITY-	l l	••	•	
TITLE	D	☐ DELETE	31 TITLE	<u> </u>		☐ Change	Addition
NAME	JASINSKI, STANLEY		3.2 NAME	Ì			
STREET ADDRESS	138 CRESCENT DRIVE		3.3.STREE	T ADDRESS			
	FORT MYERS FL 33919		3.4. CITY-	•			
CITY-ST-ZIP	1 0111 11172110 12 00010	☐ DELETE	4.1 TITLE	3)-Zii		Change	☐ Addition
NAME		<u> </u>	4. 2 NAME			·	_
				T ADDRESS			
STREET ADDRESS			4.4 CITY- S				
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TITLE	71-ZIF		☐ Change	Addition
NAME			5.2 NAME				
				T ADDRESS			
STREET ADDRESS			5.4 CITY- S	l l			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	71-21		☐ Change	- Valabi
TITLE		□ DELETE	1			∟ change	Addition
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			
CDV CT 7ID	. **		6.4 CITY - S	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, or on an attachment with an address, with all other like empowered.