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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAY 19 PM 3: 11

| 1. Corporatio  | MEN # P9700(<br>ID CHARLESTON, INC.  | 0093913 (6)   |   | SECRETARY OF STATE TALLAHASSEE. FLORIDA                                      |
|--|--|---|---|--|
| Principal Plac   | ce of Business   | Mailing Address   |   |  |
| 12000 BISCAYNE BLVD., STE. PH810   |  | 12000 BISCAYNE BLVD., STE. PH810                                |   |  |
| MIAMI FL 331   | 81   | MIAMI FL 33181  |   | DO NOT WRITE IN THIS SPACE   |
|  |  |   |   | 3. Date Incorporated or Qualified  |
|  |  |   |   | 11/03/1997   |
| <b>⊢</b> .   | Place of Business  | 2a. Mailing Address   |   | 4. FEI Number Applied For 65 – 0811484 Not Applied by                        |
| Suite, Apt   | # elc  | 26   Suite, Apt. #, etc.  |   | Тия гариодые   |
| 22   | ", <b>0</b> (0   | 27  |   | 5. Certificate of Status Desired   \$8.75 Additional Fee Regulred            |
| City & Stal  | e  | City & State  |   | Election Campaign Financing \$5.00 May Be                                    |
| 23   |  | 28  |   | Trust Fund Contribution Added to Fees  |
| Zip  | Country  | Zφ  | Country                                 | 8. This corporation owes or has paid the current year Intangible             |
| 24   | 25   |   | 30                                      | Personal Property Tax due June 30.  Yes No                                   |
| 9, Name and Address of Current Registered Agent  CORDANTION CERTIFIC COMPANY  81 Name  |  |   |   | 10. Name and Address of New Registered Agent                                 |
|  | RPORATION SERVICE COMPAN   | Y   |   | SCOLL Treland Address (P.O. Box Number is Not Acceptable)                    |
|  | 01 Hays Street<br>Llanassee FL 32301-2525  |   | 82 Street                               | Address (P.O. Box Number is Not Acceptable) O Ireland Companies              |
| '^"  | CLANAOSEE 1 E 32301-2323   |   | ופסו                                    |  |
|  |  |   |   | 2000 Biscayne Blvd., #810  |
|  |  |   | 84 City                                 | iami FL 85 Zip Code 33181  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its regist office of 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 registe agent. Furn familiar with, and accept the obligations of Section 607.0505, Florida Statutes. |  |   |   |  |
| agent.   | registered agent, or both in-the State<br>im familiar with, and accept the oblig | of Honda, Such change was a<br>litions o∦ Section 607.0505, Flo | ulhorized by the corp<br>ride Statutes. | poration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE  | $' \cdot \triangle \times \ell$  |   | A Scot                                  | TLRELAND 4-16-95   |
| 12.  | Signature, typed or pointed name of registerest agr<br>OFFICERS AN               |   | Registered Agent signature              | required when reinstating) DATE  |
| TITLE  | OFFICERS AIN   | DELETE  | 13.<br>1110HE                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition           |
| NAME   | IRELAND, R. SCOTT  | р ван   | 1 2 NAME                                | Change C Addraigh  |
| STREET ADDRESS   | 12000 BISCAYNE BLVD., STE  | E. PH810  | 1.3 STHEET ADDRESS                      |  |
| CITY+ST-ZIP  | MIAMI FL 33181   |   | 1.4 CITY-ST-ZIP                         |  |
| TITLE  |  | ☐ DELFTE  | 2.1 TITLE                               | VP ☐ Change ※ Addition Treland, Lou  |
| NAME   |  |   | 2.2 NAME                                | Treland, Lou   |
| STREET ADDRESS   |  |   | 2.3 STREET ADDRESS                      | 12000 Biscayne Blvd., #810   |
| CITY-ST-ZIP  |  |   | 2. 4 C(1Y - S1 - Z(P                    | Miami, FL 33181  |
| TITLE  |  | ☐ DITETE  | 3.1 TITLE                               | 700002548 <b>777</b>   |
| NAME   |  |   | 3.2 NAME                                | -06/05/9801062001  |
| STREET ADDRESS   |  |   | 3.3 STREET ADDRESS                      | ***5550.00 ****150.00  |
| CITY-ST-ZIP<br>TITLE   |  | DETETE  | 3.4. CHY-S1-7IP<br>4.1 TITLE            | Change Addition  |
| NAME   |  |   | 4.1 TILLE<br>4.2 NAME                   | Citalize ( Abolitori )   |
| STREET ADDRESS   |  |   | 4 3 STREET ADDRESS                      |  |
| CITY-\$T-ZIP   |  |   | 4.4 CITY-ST-7IP                         |  |
| TITLE  | <del></del>  | □ DELFTE  | 51 TITLE                                | Change Addition  |
| NAME   |  |   | 5.2 NAME                                |  |
| STREET ADDRESS   |  |   | 5.3 STREET ADDRESS                      |  |
| CITY-ST-ZIP  |  |   | 5.4 CITY - ST - ZIP                     |  |
| TIFLE  |  | ☐ DELETE  | 6.1 TITLE                               | Change Addition  |
| NAME   |  |   | 6.2 NAME                                |  |
| STREET ADDRESS   |  |   | 6.3 STREET ADDRESS                      |  |
| CITY-ST-ZIP  |  |   | 6.4 CITY - ST - ZIP                     | ( <b>)</b> (/)   |

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 corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an althought without without address.