

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90107 014 \*\*\*150.00

DOCUMENT # P97000107136

1. Corporation Name  
CHARJIMCO, INC.

Principal Place of Business  
306-B CHEROKEE COURT  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
306-B CHEROKEE COURT  
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

59-3489368

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

GALLO, JAMES L  
306-B CHEROKEE COURT  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name  
CHARLOTTE F. CARSON  
82 Street Address (P.O. Box Number is Not Acceptable)  
1101 ARON ST  
83  
84 City  
COCOA  
85 Zip Code  
FL 32927

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

Charlotte F. Carson Charlotte F. Carson 4-27-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CARSON, CHARLOTTE F  
STREET ADDRESS 306-B CHEROKEE COURT  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1101 ARON ST.  
1.4 CITY-ST-ZIP COCOA, FL 32927-4920

TITLE D  
NAME GALLO, JAMES L  
STREET ADDRESS 306-B CHEROKEE COURT  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1101 ARON ST  
2.4 CITY-ST-ZIP COCOA, FL 32927-4920

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte F. Carson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 407-264-1716

Date

Daytime Phone #

CR2E034 (11/98)