

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90033 050 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000071534

1. Corporation Name
CHARLIE'S LAW, INC.



Principal Place of Business 2451 MCMULLEN BOOTH ROAD SUITE 230 CLEARWATER FL 33759	Mailing Address 2451 MCMULLEN BOOTH ROAD SUITE 230 CLEARWATER FL 33759
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1998	
21	26	4. FEI Number 59-3528175		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WARE, CHARLES H 2451 MCMULLEN BOOTH ROAD SUITE 230 CLEARWATER FL 33759				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Charles H. Ware
STREET ADDRESS		1.3 STREET ADDRESS	2353 Shade Tree Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Frederic N. Schwettmann
STREET ADDRESS		2.3 STREET ADDRESS	2661 Beach Rd House 72
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Watsonville, CA 95076
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Holly Forester-Miller
STREET ADDRESS		3.3 STREET ADDRESS	2 Brower Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Durham, NC 27705
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Sharon V. Mayes
STREET ADDRESS		4.3 STREET ADDRESS	2353 Shade Tree Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ellen E. Ware
STREET ADDRESS		5.3 STREET ADDRESS	600 So. Magnolia Ave, Suite 225
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Katherine Harris Date: 4-16-99 Daytime Phone #: 727 723-1070