


FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90016 031 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000103971

1. Corporation Name  
CHARLOTTE NOETHEN CORP.



Principal Place of Business 2108 MAIN STREET SARASOTA FL 34207	Mailing Address 2189 MAIN STREET SARASOTA FL 34237
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1998
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	2b. Mailing Address 2189 SOMONA DR. NOKOMIS FL 34275	30 SARASOTA
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4. FEI Number 650881386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER  
2108 MAIN STREET  
SARASOTA FL 34207

no longer Reg. Agent

10. Name and Address of New Registered Agent

81 Name FELIX J. CHARLOTTE
82 Street Address (P.O. Box Number is Not Acceptable) 2189 SOMONA DR.
83
84 City NOKOMIS
85 Zip Code FL 34275

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 607.0502, Florida Statutes.

SIGNATURE: FELIX J. CHARLOTTE, Felix J. Charlotte Pres. 4-4-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	<input type="checkbox"/> DELETE
NAME NOETHEN, ADREAS	
STREET ADDRESS TEGELWEG 73	
CITY-ST-ZIP 22159 HAMBURG GERMANY	
TITLE D	<input type="checkbox"/> DELETE
NAME CHARLOTTE, FELIX	
STREET ADDRESS 2189 SOMONA DR.	
CITY-ST-ZIP NOKOMIS FL 34275	
TITLE D	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Felix J. Charlotte REFILED - Chas R/BTD E 3-18-99 941-4864150  
DATE

CR2E034 (1.1/198)