FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S35350** (5)

1. Corporation Name
CHARTERING CORPORATION OF AMERICA, INC.

Principal Place of Business
~~8384 BAYMEADOWS RD
STE 11
JACKSONVILLE FL 32256~~

Mailing Address
~~8384 BAYMEADOWS RD
STE 11
JACKSONVILLE FL 32256~~

3. Date Incorporated or Qualified: 02/14/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 360 CORPORATE WAY
Suite, Apt. #, etc.
22: #2
City & State
23: ORANGE PARK, FL
Zip 24: 32073 Country 25: CLAY

2a. Mailing Address
26: P.O. Box 396
Suite, Apt. #, etc.
27:
City & State
28: GREEN COVE SPRINGS, FL
Zip 29: 32043 Country 30: CLAY

4. FEI Number: 59-3061604 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MALDONADO, AUGUSTO
~~8384 BAYMEADOWS RD
STE 11
JACKSONVILLE FL 32256~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 360 CORPORATE WAY #2
83
84 City: ORANGE PARK FL 85 Zip Code: 32073

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: Valerie M Maldonado VICE PRESIDENT — 7/12/96
Signature, typed or printed name of registered agent and title if applicable — DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MALDONADO, AUGUSTO	
STREET ADDRESS	~~8384 BAYMEADOWS RD #11~~	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	
TITLE	VT	☐ DELETE
NAME	MALDONADO, VALERIE	
STREET ADDRESS	~~8384 BAYMEADOWS RD #11~~	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	
TITLE	S	☐ DELETE
NAME	MALDONADO, AUGUSTE	
STREET ADDRESS	~~8384 BAY MEADOWS RD #11~~	
CITY-ST-ZIP	~~JAX FL 32256~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	360 CORPORATE WAY #2	
1.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	360 CORPORATE WAY #2	
2.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	360 CORPORATE WAY #2	
3.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Valerie Maldonado — 7/12/96 — 904-269-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #