

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

FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S52757** (9)
1. Corporation Name
ROBAL OF CHARLESTON, INC.



Principal Place of Business: **60 CALHOUN ST CHARLESTON SC 29401-3508**
Mailing Address: **60 CALHOUN ST CHARLESTON SC 29401-3508**

3. Date Incorporated or Qualified: **05/15/1991**
3a. Date of Last Report: **10/21/1996**
4. FEI Number: **57-0934144**
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

2. Principal Place of Business:
21. **602 RUTLEDGE AVE**
22. **CHARLESTON, SC**
23. **29403**
24. **CHARLESTON**
25. **CHARLESTON**
26. **602 RUTLEDGE AVE**
27. **CHARLESTON, SC**
28. **29403**
29. **CHARLESTON**
30. **CHARLESTON**

9. Name and Address of Current Registered Agent
**MCANNAR, DANIEL B
8000 N FEDERAL HWY
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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	
1.1 TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCANNAR, DANIEL B	1.2 NAME	
1.3 STREET ADDRESS	800 ROBERT E. LEE BLVD.	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	CHARLESTON SC	1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCNAMARA, MICHAEL J	2.2 NAME	
2.3 STREET ADDRESS	1061 JOHNNIE DODDS, B-8	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	MT. PLEASANT SC	2.4 CITY-ST-ZIP	
3.1 TITLE	STO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCANNAR, THERESA M	3.2 NAME	
3.3 STREET ADDRESS	800 ROBERT E. LEE BLVD.	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CHARLESTON SC	3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 of our attachment with an address.

SIGNATURE: *[Signature]* DANIEL B. MCANNAR 2/28/97 723-5640 (803)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)