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

PROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # S79171

THE ROBERT CHARLES FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address 4511 SE ROARING BRK WY P.O. BOX 3393 STUART FL 34997 STUART FL 34995-3393 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1991 04/25/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0287816 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 Yes X No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FROBERG, KAREN D. Name 4511 SE ROARING BROOK WAY Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 В3 Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registored Agent signature required when remistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE Change Addition 1.1 TITLE FROBERG, FRED F. JR. NAME 1.2 NAME **4511 SE ROARING BROOK WAY** STREET ADDRESS 1.3 STREET AUDRESS STUART FL CITY-ST-ZIP 1.4 DITY-ST-ZIP TITLE VSD DELETE 217011 Change Addition FROBERG, KAREN D. 2.2 NAME **4511 SE ROARING BROOK WAY** STREET ADDRESS 2.3 STREET ADDRESS STUART FL CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE TITLE 3.1 TILLE ☐ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 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 offect 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 Biock 12 or Block 13 if changed, or on an attachment with

6.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAM6

6.1 10116

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - S1 - ZIP

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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DELETE

DELETE

Change

Change

___ Addition

Addition

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Apr 23 1997 8:00am

Secretary of State