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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S83901

(6)

JEROME & CHARLES, INC.

Principal Place	o of Business	Mailing Address					HOUR GREEK OF	VII AINIS AERII A	)   <b>  </b>
7610 TRAIL BLVD. N. UNIT 208 NAPLES FL 33963		JEROME & CHARLES. INC. 7610 TRAIL BLVD N. NAPLES FL 34108-2522							
US		US				3. Date Incorporated or Qualified 09/27/1991		te of Last Ri <b>9/1996</b>	eport
2. Principal Fi	ace of Business	2a. Mailing Address				4. FEI Number 65-0299555		- <del></del>	oplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State		City & State			***************************************	6. Election Campaign Financing		\$5.00	
<b>23</b>   Zip	Country	Zip	Cou	intry		Trust Fund Contribution  8. This corporation has liability for i	ntangible	Added to	
24	25	29	30			Florida Statutes	Yes 🛭	<b>₹</b> No	
DUND	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Re	gistered /	rgent	
DUIRK, KEVIN CHARLES 7610 TRAIL BLVD. N.				82		ress (P.O. Box Number Is Not Acceptab	اما		
NAPL	LES FL 33963			83	30 GET A00	Tess (1.0. Dox Number is Not Acceptab			
				84			FL	<b>85</b> Zip (	
11. Pursuant ( office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statu of Florida, Such change was	ites, the al authorize	bove d by	e-named corp the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of of the app	changing its ointment as	s registered registered
	m familiar with, and accept the obliga	ions of, Section 607.0505, F	lorida Stat	utes	S.				
SIGNATURE	Signature, typi d'or printed nume of registered agen	and title Lappiscable (NO	TE Registere	d Age	int signature requi	red when reinstating)	DATE	***************************************	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	IS IN 12
HILE	D	☐ DELETE	1.1 TI	TLE				☐ Change	Addition
NAME	DEFAZIO, JEROME J.		1.2 N						1
STREET ADDRESS	270 NAPLES COVE DR		1.3 \$7	FREET	ADDRESS				-
CITY-\$1-ZIP	NAPLES FL		1.4 CII		T-ZIP				
THEF	☐ DELETE		2.1 TI	2.1 TITLE				Change	Addition
NAME	Duirk, Kevin Charles		2.21						
STHEET ADDRESS	270 NAPLES COVE DR		235	TREET	ADDRESS				[
CHTY+S1+ZIP	NAPLES FL		2.40	(TY-5	ST-ZIP				[
DITLE		DELETE	3.1 70	TLF				Change	Addition
NAME			3.2 N	AME					}
STREET ADDRESS			3.3 S	REET	ADORESS	•*			
CITY ST-Z-P			3.4 C	ITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE				Change	Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY - \$1 - ZIP					T-ZIP				
TITLE		DELETE	5.1 71					☐ Change	Addition
NAME			5.2 N						
STREET ACIDRESS					ADDRESS				
CITY -S1 - 7(-)		T DELETE			I-ZIP			7 7 7	
10126		☐ DELETÉ	6.1 1					Change	Addition
NAME			6.2 N						
STREET ADDRESS			•		ADDRESS				
CHY-ST-ZIP			6.4 C	TY-S	T-ZIP	440.03(0)			

I do hereby cortly 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.

SIGNATURE:



566-9907

**FILED** 

Mar 03 1997 8:00am

Secretary of State