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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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SIGNATURE:

466207

(8)

TRANS CHARTERING FLORIDA, INC.

FILED
May 06 1998 8:00am
Secretary of State

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Principal Plac	e of Business	Mailing Address					711 01011 01011 01011 0 10	III WARTS FRET	
2975 NE 191ST 2875 NE 191ST									
SUITE 833	ELODIDA EL 22010 2212	SUITE 833	22010 2212			DO NOT WRITE IN THIS SPACE			
AVENTURAD FLORIDA FL 33019-3213 AVENTURAD FLORIDA FL 33019-3213					-	3. Date Incorporated or Qualified			
•		•				12/13/1974			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	l Ar	oplied For	
21 20801 BISCAYNE BLUD 26 20 801 BISCAYN					cred	59-1608962		ot Applicable	
Sulfe, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional	
22 358 499 27 388 499						5. Certificate of Status Desired	Fee Ro	equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
	WENTURA FL 28 AVENTURA					Trust Fund Contribution		to Fees	
ー ^{Zip} フュ	Courtry Zip 33/21 Cour			1		8. This corporation owes or has paid to			
24 22	9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. O. Name and Address of New Regist		⊠ No	
		nedistated water	81	Name	<u>-</u> -	4 . 4	ereo Agent		
	IX, HARRIS		Ľ		10	ox HARRES			
	75 N.E. 191 ST. STREET STE 883	ı	82			(P.O. Box Number is Not Acceptable)	BU	A BURNE	
AV	ENTURA FL 33019		83		708	01 B15CAYNG	1000	7-47	
						12			
			84	City	ANIC	INTURA	85 Zig	Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named c	cornorat	ion submits this statement for the nurn	ose of changing it	s registered	
Office or r	egistered agent, or both, in the State of	of Florida, Such change was au	thorized b	y the corpo	oration's	s board of directors. I hereby accept the	e appointment as	registered	
	and accept the deligation	ions of, adelion 607,000, rion	da Siaidie	8.		L	Honler	/	
SIGNATURE	Signature, lybod or printed name of whiste ed agon	t and title if applicable (NOTE:	Registered Ag	ont signature r	required wh	hen reinstating)	1 - 1 70		
12.	OF ICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	3S IN 12	
TITLE	P /	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	FOX, HARRIS R. 12N		1.2 NAME		_				
STREET ADDRESS	ET ADDRESS 2875 N.E. 191ST. STREET STE. 883			1.3 STREET ADDRESS 2080/ BISCAUNE BUND A 14 CITY-ST-ZIP AUGU TURA PE 93185			244		
CITY-ST-ZIP				ST - ZIP		NO GN TURA PT			
TITLE		L] DELETE	2.1 TITLE				Change	Addition	
NAME			2.2 NAME	-					
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP				ST-ZIP			05	A-1-22	
TITLE			3.1 TITLE				L., Change	Addition	
NAME			3.2 NAME						
STREET ADORESS			3.3 STREET						
CITY-ST-ZIP TITLE		DELETE	3.4. CITY -	SI-ZIP			Change	Addition	
NAME		- Dittie	4.2 NAME	}			L. Johnigo		
STREET ADDRESS				ADDRESS					
City-St-7IP			4.4 CITY-1						
TITLE		DELETE	5.1 TITLE	31.7211			☐ Change	Addition	
NAME			5.2 NAME	1			_ •		
STREET ADDRESS			5.3 STREET	ADDRESS				ł	
CITY-ST-ZIP			5.4 CITY-5						
TITLE		DELETE	61 TITLE				Change	Addition	
NAME			62 NAME						
STREET ADDRESS			6 3 STREET	ADDRESS					
CITY-ST-ZIP			64 CITY-5	ST-ZIP					
14. I hereby o	certify that the information supplied with	n this filing does not qualify for	the exemp	tion stated	d in Sec	tion 119.07(3)(i), Florida Statutes. I furt hall have the same legal effect as if ma	ner certify that the	information	
officer or	director of the corporation or the recei or Block 13 if changed or on an attact	ver or trustee empowered to ex	ecute this	report as r	required	d by Chapter 607, Florida Statutes; and	that my name ap	pears in	