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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 513736

88500 OVERSEAS HWY

TAVERNIER FL

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional Fee Required	A&A CHARTER COMPANY Principal Place of Business Mailing Address										
2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Amailing Address 2. Applied For 59-1735497 3. Suite, Apt. #, etc. 3. City & State 3. Country 3. This corporation owes the current year Intangible Personal Property Tax. 3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 3. Name ADLER, ALEX S, 137 PLANTATION BLVD ISLAMORADA FL 33036 3. Signature, hoped or primar lange for registered or of Oriosoft, Signature, hoped or primar lange for registered agent, or both, in the Statistof Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with, any adaptity the primar lange for registered agent. I am familier with, any adaptity the original Signature, hoped or primar lange for registered agent as a registered agent. I am familier with, any adaptity the original Signature, hoped or primar lange for registered agent and for registered agent agent agent are registered agent a							•				
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Fill Number 59-1735497 50-1											
26 Suite, Apt. #, etc. Suite, Apt. #, et											
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. State Status Desired Status Desi	2. Principal P	face of Business	2a. Maili	ng Address -				L	Applied For		
Scentificate of Status Desired Fee Required	21	·	26				59-1735497		<u> </u>		
City & State City & State City	⊢ ''	#, etc.	27 - City & State				5. Certifcate of Status Desired	T			
Zip Country Zip Country	City & Stat	e									
9. Name and Address of Current Registered Agent ADLER, ALEX, S 137 PLANTATION BLVD ISLAMORADA FL 33036 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the Staty of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or philad name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P ADLER, ALEX S. STREET ADDRESS STREET ADDRESS ISLAMORADA FL 14. CITY-ST-ZIP IN ADLER, ALEX S. 14. CITY-ST-ZIP	Zip		Zip		٦ `	у	,				
ADLER, ALEX, S 137 PLANTATION BLVD ISLAMORADA FL 33036 82 Street Address (P.O. Box Number is Not Acceptable) 83 In Plantation BlvD Islamorada FL 33036 84 City 85 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 agent, or both, in the Statlefof 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 Signature, typed or priviled rangle of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS IN 12. TITLE P DELETE 1.1 TITLE P ADLER, ALEX S. STREET ADDRESS 137 PLANTATION BLVD 13 STREET ADDRESS 137 PLANTATION BLVD 13 STREET ADDRESS 137 PLANTATION BLVD 13 STREET ADDRESS 137 PLANTATION BLVD 14 CITY-ST-ZIP	24										
137 PLANTATION BLVD ISLAMORADA FL 33036 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 of agent. I am familiar with, any accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE Change ADLER, ALEX S. STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 1.3 STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL					81	Name					
ISLAMORADA FL 33036 84 City FL 85 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 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 a scept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE ADLER, ALEX S. STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 13. STREET ADDRESS LISTAMORADA FL 13. STREET ADDRESS LISTAMORADA FL 14. CITY-ST-ZIP						Street A	ddress (P.O. Boy Number is Not Acceptable)				
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 agent. I 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: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME ADLER, ALEX S. STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 14. CITY-ST-ZIP SIGNATURE 15. IN TITLE 16. IN TITLE 17. STREET ADDRESS 18. ACCITY-ST-ZIP 18. ACCITY-ST-ZIP 19. IN TITLE 10. IN TITLE 10. IN TITLE 11. STREET ADDRESS 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP						SueerA	duless (F.O. Box Humber is Not Acceptable)				
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 agent, or both, in the Statisfor 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 oblightations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE ADLER, ALEX S. 1.2 NAME STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 1.4 CITY-ST-ZIP	ISLAMORADA FL 33036					3					
office or registered agent, or both, in the Staty of Florida. Such change was authorized by the corporation's board of directors. Floridal statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P ADLER, ALEX S. STREET ADDRESS CITY-ST-ZIP IN THE BUY accept the appointment as registered by the corporation's board of directors. Floridal statutes. (NOTE: Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional statutes. 12. NAME 12. NAME 13. STREET ADDRESS 137 PLANTATION BLVD 13. STREET ADDRESS CITY-ST-ZIP SLAMORADA FL 14. CITY-ST-ZIP					84	City		85	Zip Code		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME ADLER, ALEX S. STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit Additional Change Additional Chan	office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.150 of Florida. Su- ations of, Secti	08, Florida Statutes, ch change was auth on 607.0505, Florida	the aboverized by a Statutes	ve-named c y the corpor s.	ation's board of directors. Thereby accept the app	of changin pointment a	g its registere as registered		
TITLE P DELETE 1.1 TITLE Change Addit NAME ADLER, ALEX S. 12 NAME 12 NAME STREET ADDRESS 137 PLANTATION BLVD 1.3 STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 14 CITY-ST-ZIP						ent signature rec	duida wilan teritabang)	AND DIDE	CTODE IN 4		
NAME ADLER, ALEX S. 12 NAME STREET ADDRESS 137 PLANTATION BLVD 1.3 STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 14 CITY-ST-ZIP	<u> </u>		ND DIRECTOR			ı	ADDITIONS/CHANGES TO OFFICERS				
STREET ADDRESS CITY-ST-ZIP 137 PLANTATION BLVD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		'		☐ DEFE IE		1	<u>,</u> *.	_	9v		
CITY-ST-ZIP ISLAMORADA FL 1.4 CITY-ST-ZIP						1	,				
	1										
	CITY-ST-ZIP	ST		☐ DELETE	1.4 CHY-1			☐ Cha	inge ☐ Add		
NAME ADLER, AMY, J						ŀ		_			

☐ DELETE

DELETE

DELETE

☐ DELETE

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 if changed, or or an attachment with an address, with all other like empowered.

2.3 STREET ADDRESS

3.3 STREET ADDRESS

34. CITY-ST-ZIP

4.4 CITY+ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

REQUIRED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90144 015 ***150.00

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Change

Change

Change

Change

CR2E034 (11/98)

☐ Addition

☐ Addition

Addition

☐ Addition

Addition

Addition