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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # P94000077265 (4)

HOT TUNA CHARTERS, INC.

Principal Place of Business

Mailing Address

FILED Aug 19 1997 8:00am Secretary of State



P. O. BOX 1416 JENSEN BEACH FL 33988		P. O. BOX 1416 JENSEN BEACH FL	P. O. BOX 1416 Jensen Beach Fl. 34958-1416				
					3. Date Incorporated or Qualified 10/19/1994	3a. Date of Last f	Report
2. Principal Place of Business		2a. Maiting Address			4. FET Number		pplied For
21		26			65-0530206	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Additional		Additional
22		27			5. Certificate of Status Desired Fee Ftequired		equired
City & State		City & State			6. Election Campaign Financing	, , , , , , , , , , , , , , , , , ,	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Žiр	Country		8. This corporation has liability for intangible tax under s. 199.032,		s. 199.032,
24	25	29	30		Florida Statutes Yes X No		
	9. Name and Address of Curre	ent Registered Agent		II Mar	10. Name and Address of New Reg	istered Agent	
GART, DAVID A			81	81 Name			
	ITTS & BOWEN		82	Street Add	reet Address (P.O. Box Number is Not Acceptable)		
	AUSTRALIAN AVE.S.,#500 ON	ie Clearlake					
W. P	PALM BEACH FL 33401		83	3			į
	•		84	City		85 Zip	Code
				1		FL I''I '	i i
11. Pursuant to office or reagent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stal m familiar with, and accept the obli	502 and 607.1508, Florida te of Florida. Such change igations of, Section 607.05	Statules, the abou was authorized b 05, Florida Statute	ve-named cor by the corpora es.	rporation submits this statement for the pration's board of directors. I horoby accep	rpose of changing t the appointment as	its registered s registered
SIGNATURE	Stgnature, typind or printed name of registriced a				uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DTPS	☐ DELE	TE . 1.1 THLE			∐ Change	Addition ਰੋ
NAME	111 m (m) (m) (1 1 m) (m) (m) (m) (m) (m) (m) (m) (m) (m)		1.2 NAME				la
STREET ADDRESS			1.3 STREET ADDRESS				إ
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		<u> </u>	
TITLE	PTS	☐ DELE	IE 2.1 THLE			L] Change	Addition C
NAME	WAINWRIGHT, JONATHAN		2.2 NAME				ŀ
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		2. 4 CITY	-ST-ZIP			
TITLE		DEFT.	TE 3.1 TALE			Change	Addition
NAME			3.2 NAME	•			}
STREET ADDRESS			3.3 STRE8	T ADDRESS			. 1
CITY-ST-ZIP			3.4. City				
TITLE		☐ DELF	TE 4.1 THEF			Change	Addition
NAME			4. 2 NAM	r .			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST(EIP			4.4 CITY-	ST-ZIP			
TITLE		DELE	TE 51 TITLE			☐ Change	Addition
MAME			5 2 NAME			.DG	[
STREET ADDRESS			5.3 STREE	1 ADDRESS		PE.	10
CITY-ST-ZIP	•		5.4 CITY-	S1-71P			7
TITLE		DELE	TE 611ITLE		יכוכי כי חוורות וחוורות	Change	Addition
NAME			6 2 NAME		00000227 -08/20/970111	左300 7012	
STREET ADDRESS			6.3 STREE	T ADDRESS	ተቀምፎርህ ህህ ተመመርርህ ህህ	1016	
CITY-ST-ZIP			6.4 CITY-		***550.00		
					11 O 11 140 07(0)(1) Ft 11 O 11		

4. 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 if changed or on an attachment with an address.

ONATURE SULTED AND WORTH PUEN WAKEMAN 6/22/09 5613844 US