

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V19824** (4)

1. Corporation Name  
**DEE CEE CHARTERS, INC.**



Principal Place of Business  
**84001 OVERSEAS HIGHWAY  
SLIP #4  
ISLAMORADA FL 33036  
US**

Mailing Address  
**P.O. BOX 584  
ISLAMORADA FL 33036  
US**

3. Date Incorporated or Qualified **03/10/1992**      3a. Date of Last Report **04/19/1995**

4. FEI Number **65-0330308**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip      24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip      29 Country

30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BRONCHICK, KENNETH C  
2734 E OAKLAND PARK BLVD  
SUITE 200  
FT LAUDERDALE FL 33306**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      85 Zip Code **FL 85**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Corporation or Registered Agent and Director (if applicable)      Signature of New Registered Agent (if applicable)      DATE

**12. OFFICERS AND DIRECTORS**

|                 |                                      |                                 |
|-----------------|--------------------------------------|---------------------------------|
| TITLE           | <b>PSTD<br/>PARKER, DALE S</b>       | <input type="checkbox"/> DELETE |
| NAME            | <b>8460 SW 27 PLACE<br/>DAVIE FL</b> |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           | <b>VD<br/>PARKER, GINA M</b>         | <input type="checkbox"/> DELETE |
| NAME            | <b>8460 SW 27 PLACE<br/>DAVIE FL</b> |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dale S Parker*      4/15/94

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)