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 # V19824

1. Corporation	i Name					\		
DEE CEI	E CHARTERS, INC.) (000) DIJAN (100) (010) (010) (010)	ANSKA OLDAN BIDIL I	818 11 6 1811 1881
Principal Place	e of Business	Mailing Address				T TANIS BINGET ISBUN SOLD IBUN CINCI ACAN ACAN C	NOIC BIBLI BIBLI T	NAMES MINISTERNAL
84001 OVERSEAS HIGHWAY 8460 S.W. 27 PL								
SLIP #4 DAVIE FL 33328						DO NOT WRITE IN THIS	SDACE	
ISLAMORADA FL 30036 US						3. Date Incorporated or Qualifed		
US — —	·					03/10/1992		
Principal Place of Business 2a. Mailing Address						4. FEI Number	— At	oplied For
2. Thiripart lade of Basiness			26			65-0330308	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
27						5. Certificate of Status Desired		equired
City & Stat	е	City & State	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution Added to Fees		
Zip ─¬	Country		Country			8. This corporation owes the current year in	tangible □Yes	□No
24	25 29 30 9. Name and Address of Current Registered Agent		30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Halite and Address of Herr Hegioteres	7.85	
BRONCHICK, KENNETH C					<u> </u>			
2734 E OAKLAND PARK BLVD				82	82 Street Address (P.O. Box Number is Not Acceptable)			}
SUITE 200			:	83				
FT L	AUDERDALE FL 33306				-		or Zin	Codo
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the a	bove	named corp	poration submits this statement for the purpose o	changing its	registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida, Such change was	authorized	าดงแ	ne corporation	on's board of directors. I hereby accept the appo	limitetit as te	gistered
SIGNATURE		,					_	
SIGNATORE	Signature, typed or printed name of registered as			Agent	signature require	d when reinstating) DATE	O DIDEOT	200 1140
12.	OFFICERS AND DIRECTORS DELETE		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	Addition
TITLE	- 1			1,1 TITLE			☐ Onango	
NAME	TAINER DALE O			1.2 NAME				
STREET ADDRESS	0,00 0,1 12,02			. 1.3 STREET ADDRESS				į
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
TITLE	שיי –			2.2 NAME				_
NAME	PARKER, GINA M 8460 SW 27 PLACE			2.3 STREET ADDRESS				j
STREET ADDRESS	DAVIE FL			2.4 CITY-ST-ZIP				
CITY-ST-ZIP	DAVIE FL DELETE			3.1 TITLE			☐ Change	Addition
NAME			1	3.2 NAME				
STREET ADDRESS			- 1		ADDRESS			1
CITY-ST-ZIP			3.4. C	ITY-ST	- ZIP			
TITLE	☐ DELETE			4,1 TITLE			Change	Addition
NAME			4. 2 N	IAME				
STREET ADDRESS			4.3 ST	TREET	ADDRESS			
CITY-ST-ZIP			4.4 CI	ITY-ST-	- ZIP			
TITLE		☐ DELETE	5.1 Ti	TLE		-	Change	Addition
NAME			5.2 N/					, .
STREET ADDRESS					ADDRESS		•	'
CITY-ST-ZIP			_	ITY-ST-	- ZIP			
TITLE		☐ DELETE	6.1 TI				☐ Change	Addition
NAME			6.2 N					
OTDEET ADDRESS	1		■ 63 S1	I REET /	ADDRESS			l

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90130 043 ***150.00