

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V73109 (3)**
 1. Corporation Name
COWBOY CHARTERS, INC.



Principal Place of Business: **3218 EAGLE AVE. KEY WEST FL 33041**
 Mailing Address: **3218 EAGLE AVE. KEY WEST FL 33041**

3. Date Incorporated or Qualified: **10/19/1992**
 3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business: **1712 Jamaica Dr.**
 2b. Mailing Address: **1712 Jamaica Dr.**
 21. Suite, Apt. #, etc.:
 22. City & State: **Key West, FL**
 23. Zip: **33040** Country: **Monroe**
 24. Zip: **33040** Country: **Monroe**
 25. Zip: **33040** Country: **Monroe**
 26. Suite, Apt. #, etc.:
 27. City & State: **Key West, FL**
 28. Zip: **33040** Country: **Monroe**
 29. Zip: **33040** Country: **Monroe**
 30. Zip: **33040** Country: **Monroe**
 4. FEI Number: **65-0368741**
 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. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BAUMGARTEN, MICHELLE 3218 EAGLE AVE KEY WEST FL 33041**
 10. Name and Address of New Registered Agent:
 81 Name: **1712 Jamaica Dr. Key West, FL 33040**
 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 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: *Michelle Baumgarten* 8/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTEN, JOHN M.	1.2 NAME	
STREET ADDRESS	3218 EAGLE AVE	1.3 STREET ADDRESS	1712 Jamaica Drive
CITY - ST - ZIP	KEY WEST FL	1.4 CITY - ST - ZIP	Key West, FL 33040
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTEN, MICHELLE	2.2 NAME	
STREET ADDRESS	3218 EAGLE AVE	2.3 STREET ADDRESS	1712 Jamaica Drive
CITY - ST - ZIP	KEY WEST FL	2.4 CITY - ST - ZIP	Key West, FL 33040
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 Sect on 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michelle Baumgarten* **Michelle Baumgarten 8/5/96 293-6037** (305)

CR2E034 (3/96)