

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 # **222245** (3)
1. Corporation Name
CANAVERAL CHARTER BOATS INC



Principal Place of Business: **630 GLENN CHEEK DRIVE, P.O. BOX 962, CAPE CANAVERAL FL. 32920**
Mailing Address: **630 GLENN CHEEK DRIVE, P.O. BOX 962, CAPE CANAVERAL FL. 32920**

3. Date Incorporated or Qualified: **04/06/1959**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **59-0902443**
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: **630 GLEN CHEEK DRIVE**
2a. Mailing Address: **779 E. MERRITT ISL. CSWY.**
21. Suite, Apt. #, etc.:
22. Suite: **SUITE 707**
23. City & State: **PORT CANAVERAL, FL**
24. Zip: **32920**
25. Country: **USA**
26. City & State: **MERRITT ISLAND, FL**
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: **32952-3309**
30. Country: **USA**

9. Name and Address of Current Registered Agent
**FISCHER, RONALD L
2570 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FISCHER, LINDA D | |
| STREET ADDRESS | 2570 NEWFOUND HARBOR DR | |
| CITY-ST-ZIP | MERRITT ISLAND FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FISCHER, RONALD L | |
| STREET ADDRESS | 2570 NEWFOUND HARBOR DR | |
| CITY-ST-ZIP | MERRITT ISLAND FL | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | POTTER, JEAN M | |
| STREET ADDRESS | 230 CAROLE COURT | |
| CITY-ST-ZIP | SATELLITE BCH. FL | |
| 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

| | | |
|--------------------|---------|---|
| 1.1 TITLE | P/D/S/T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | V/D/ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 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 in an affidavit with an address.

SIGNATURE: *Linda D. Fischer* LINDA D. FISCHER
4-10-96 783-5658
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)