

**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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 513736 (9)  
1. Corporation Name

A&A CHARTER COMPANY



Principal Place of Business: P.O. BOX 18 ISLAMORADA FL 33036  
Mailing Address: P.O. BOX 18 ISLAMORADA FL 33036

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		09/23/1976	04/20/1995
22 Suite, Apt #, etc		27 Suite, Apt #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1735497	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADLER, ALEX, S 137 PLANTATION BLVD ISLAMORADA FL 33036				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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: *Alex S. Adler* (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADLER, ALEX S.			12 NAME			
STREET ADDRESS	137 PLANTATION BLVD			13 STREET ADDRESS			
CITY-ST-ZIP	ISLAMORADA FL			14 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADLER, AMY, J			22 NAME			
STREET ADDRESS	88500 OVERSEAS HWY			23 STREET ADDRESS			
CITY-ST-ZIP	TAVERNIER FL			24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alex S. Adler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)