

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90002 037 ***150.00

DOCUMENT # 598619

1. Corporation Name

CHARTER CARIBBEAN COMPANY

Principal Place of Business
**5700 WILSHIRE BOULEVARD
SUITE 575
LOS ANGELES CA 90036-3659**

Mailing Address
**5700 WILSHIRE BOULEVARD
SUITE 575
LOS ANGELES CA 90036-3659**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1978

4. FEI Number

59-1882007

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

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

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 **VAS** ☐ DELETE
NAME **ROSS, JOHN E**
STREET ADDRESS **4655 SALISBURY RD STE 399**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32256**

TITLE **VAT** ☐ DELETE
NAME **MILLER, JAMES J.**
STREET ADDRESS **5700 WILSHIRE BLVD**
CITY-ST-ZIP **LOS ANGELES CA**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **V**
2.3 STREET ADDRESS **Ste. 575**
2.4 CITY-ST-ZIP **90036**

TITLE **SVG** ☐ DELETE
NAME **SUCHIL, SALLY**
STREET ADDRESS **5700 WILSHIRE BLVD STE 575**
CITY-ST-ZIP **LOS ANGELES CA**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **90036**

TITLE **VT** ☐ DELETE
NAME **LANDSBAUM, ROSS G**
STREET ADDRESS **5700 WILSHIRE BLVD STE 575**
CITY-ST-ZIP **LOS ANGELES CA**

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **SVP/CFO**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **90036**

TITLE **V** ☒ DELETE
NAME **SCHNEIDER, LISE A.**
STREET ADDRESS **5700 WILSHIRE BLVD**
CITY-ST-ZIP **LOS ANGELES CA**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Greer C. Bosworth**
5.3 STREET ADDRESS **5700 Wilshire Blvd., Ste. 575**
5.4 CITY-ST-ZIP **Los Angeles, CA 90036**

TITLE **PD** ☐ DELETE
NAME **BACHMANN, PETER H**
STREET ADDRESS **5700 WILSHIRE BLVD STE 575**
CITY-ST-ZIP **LOS ANGELES CA**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **90036**

14. 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.

SIGNATURE:

John E. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Ross, VP

8/17/99

904-281-4488

Date

Daytime Phone #

0120611

CR2E034 (5/99)



598619
608244-90002-37

August 17, 1999

Ms. Katherine Harris, Secretary of State
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Charter Caribbean Company

Dear Ms. Harris:

Enclosed for filing is the above-referenced company's 1999 Profit Corporation Annual Report and filing fee of \$150. Upon receipt of the 2nd Notice filing packet, I contacted your office to notify you that I had not received a first notice. Your office instructed me to file using the 2nd Notice, to enclose \$150 filing fee rather than \$550, and to include a letter to this effect with my filing.

Thank you for your assistance.

Very truly yours,

A handwritten signature in dark ink that reads 'Donna A. Hoffman, CCA'. The signature is fluid and cursive, with the initials 'CCA' written in a slightly larger, more distinct font at the end.

Donna A. Hoffman
Certified Legal Assistant

DAH/jz

Enclosures

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