

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **634204** (2)
1. Corporation Name
GULF ISLES CHARTER, INC.



Principal Place of Business 3302 OAKES AVENUE ANACORTES WA 98221	Mailing Address 3302 OAKES AVENUE ANACORTES WA 98221
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3903 VIEW RIDGE Suite, Apt. #, etc. 22 City & State 23 ANACORTES, WA. Zip 24 98221		2a. Mailing Address 26 3903 VIEW RIDGE Suite, Apt. #, etc. 27 ANACORTES, WA. City & State 28 Zip 29 98221		3. Date Incorporated or Qualified 08/29/1979	
25 USA.		30 USA		4. FEI Number 59-1925177	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21 3903 VIEW RIDGE		26 3903 VIEW RIDGE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27 ANACORTES, WA.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 ANACORTES, WA.		28			
24 98221		29 98221			
25 USA.		30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, VERNEY L
3302 OAKES AVE.
ANACORTES WA 98221**

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

Verney L. Brown
Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

JAN. 19, 1998
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BROWN, VERNEY L.	1.2 NAME	BROWN, VERNEY L.
STREET ADDRESS	3302 OAKES AVE.	1.3 STREET ADDRESS	3903 VIEW RIDGE
CITY-ST-ZIP	ANACORTES WA	1.4 CITY-ST-ZIP	ANA CORTES, WA. 98221
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Verney L. Brown

1/19/98

CR2E034 (10/97)