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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **F58030**

Principal Place of Business

SIGNATURE:

BLUE OCEAN CHARTERS, INC.

% N HORACIO 3031 NE 21ST S	lopez Treet							
FT LAUDERDAL		FT LAUDERDALE FL 33305				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						12/10/1981	<u> </u>	· ·
2. Principal Pl	ipal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21	26					59-2150471		lot Applicable
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
22	City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution	Added	to Fees
Zip	Country	Country Zip Cou				8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registere	d Agent	
				81	Name			ļ
LOPE	ez, n horacio			-	04	(D.O. Bay Number in Net Acceptable)		
3031 NE 21ST STREET				82	Street Add	ress (P.O. Box Number is Not Acceptable)	<u> </u>	
FIL	AUDERDALE FL 33305			83		•		
				84	City	F		Code
11 Pursuant	to the provisions of Sections 607.0	0502 and 607,1508, Flo	rida Statutes, the	above	a-named corp	poration submits this statement for the purpose	of changing it	s registered
office or r	edistared agent of hoth in the St	ate of Florida, Such cha	inde was authori:	zeu dv	me corporau	ion's board of directors. I hereby accept the app	oointment as r	egistered
agent. I a	im familiar with, and accert the ob	ligations of, Section of	.0505, Florida 5	lalules	•	•		Į
SIGNATURE			No. F. D.			ed when reinstating) DATE		<del></del>
<del></del> _	- <del> </del>	agent and title if applicable.  AND DIRECTORS		3.	it siduatriia tedriite	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.				1 TITLE		ADDITIONAL TARGET TO GITTOETTO	[] Change	
TITLE	STD	u						
NAME	LOPEZ, N HORACIO			2 NAME				}
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CITY-ST-ZIP	ft lauderdale fl		1.	4 CITY-S	T-ZIP			
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NAME	LOPEZ, N HORACIO		2	2 NAME			<del></del>	
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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, with all other like empowered.

**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90107 003 \*\*\*150.00