

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 AUG -3 AM 9:18  
TALLAHASSEE, FLORIDA

**DOCUMENT # F93000002212 (9)**

1. Corporation Name  
**ENCHANTED ESCAPES YACHT CHARTERS, INC.**

Principal Place of Business: **1912 NORTH BROADWAY SANTA ANA CA 92706**  
Mailing Address: **1912 NORTH BROADWAY SANTA ANA CA 92706**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>1272-A Peacock Hill</b>		26 <b>1272-A Peacock Hill</b>		<b>05/12/1993</b>	<b>04/13/1994</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		<b>51-0339071</b>	<input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 <b>Santa Ana, CA</b>		28 <b>Santa Ana, CA</b>		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip		Zip		8. This corporation has liability for intangible tax under s. 199 (13)?	
24 <b>92705</b>		29 <b>92705</b>		Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
25 <b>USA</b>		30 <b>USA</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GROSSMAN, ELAINE B 1600 SE 17TH STREET, SUITE 420 FT LAUDERDALE FL 33316</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCEO</b>	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILES, TERRY M</b>	1 2 NAME	
STREET ADDRESS	<b>1912 NORTH BROADWAY</b>	1 3 STREET ADDRESS	<b>1272-A Peacock Hill</b>
CITY - ST - ZIP	<b>SANTA ANA CA</b>	1 4 CITY - ST - ZIP	<b>Santa Ana, CA 92705</b>
TITLE	<b>P</b>	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILES, PATRICIA</b>	2 2 NAME	
STREET ADDRESS	<b>1912 N BROADWAY</b>	2 3 STREET ADDRESS	<b>1272-A Peacock Hill</b>
CITY - ST - ZIP	<b>SANTA ANA CA</b>	2 4 CITY - ST - ZIP	<b>Santa Ana, CA 92705</b>
TITLE	<b>S</b>	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, CHERYL D</b>	3 2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>1912 N BROADWAY</b>	3 3 STREET ADDRESS	<b>1272-A Peacock Hill</b>
CITY - ST - ZIP	<b>SANTA ANA FL</b>	3 4 CITY - ST - ZIP	<b>Santa Ana, CA 92705</b>
TITLE	<b>CFO</b>	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELLER, DOUG</b>	4 2 NAME	<b>Bonnie Wiebe</b>
STREET ADDRESS	<b>1912 N BROADWAY</b>	4 3 STREET ADDRESS	<b>1272-A Peacock Hill</b>
CITY - ST - ZIP	<b>SANTA ANA CA</b>	4 4 CITY - ST - ZIP	<b>Santa Ana, CA 92705</b>
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(a), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an addressee with an address.

SIGNATURE: *Kristen Osborn* SECRETARY July 21, 1995 (714) 975-9073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)