

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001509 (7)

1. Corporation Name

SWEET SURRENDER CHARTERS INC.



Principal Place of Business

Mailing Address

1290 5TH ST.
MIAMI BEACH FL 33139

1290 5TH ST.
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

4. FEI Number

65-0566169 CORRECT ✓

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

CAROL M. BERNDT & ASSOC. INC.
195 SW 15TH RD., STE. 303
MIAMI FL 33129

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 date of application (NOTE: Registered Agent's signature required at all times)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CDP
PRETORIUS, OLAF
HOUSE 1 - 7 ESSENWOOD PLACE
DURBAN 4001 - SOUTH AFRICA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CDV
PRETORIUS, MARGERY
HOUSE 1 - 7 ESSENWOOD PLACE
DURBAN 4001 - SOUTH AFRICA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
PRETORIUS, ANTON
% 1382 PEACHTREE ST., NE
ATLANTA GA 30309-3248

☒ DELETE

CHANGE OF
ADDRESS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
BERNDT, CAROL M
195 SW 15TH RD., STE. 303
MIAMI FL 33129

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

5
PRETORIUS, ANTON
1842 BRAGG ST
ATLANTA, GA. 30341

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

7.1.96

404.
873.9612

CR2E034 (3/96)