

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

0205834

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90144 037 ***150.00

DOCUMENT # **F95000001509**

1. Corporation Name

SWEET SURRENDER CHARTERS INC.

Principal Place of Business

1290 5TH ST.
MIAMI BEACH FL 33139

Mailing Address

1290 5TH ST.
MIAMI BEACH FL 33139

2. Principal Place of Business

21

2a. Mailing Address

Suite, Apt. #, etc.

22

26 Suite, Apt. #, etc.

City & State

23

27 City & State

Zip

24

28 Zip

Country

29 Country

25

30

9. Name and Address of Current 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

Olaf Anton PRETORIUS SEC/TR.

2-5-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			1.2 NAME			
NAME	PRETORIUS, OLAF		1.3 STREET ADDRESS			
			1.4 CITY-ST-ZIP			
STREET ADDRESS	HOUSE 1 - 7 ESSENWOOD PLACE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			2.2 NAME			
CITY-ST-ZIP	DURBAN 4001 - SOUTH AFRICA		2.3 STREET ADDRESS			
			2.4 CITY-ST-ZIP			
TITLE	CDV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			3.2 NAME			
NAME	PRETORIUS, MARGERY		3.3 STREET ADDRESS			
			3.4. CITY-ST-ZIP			
STREET ADDRESS	HOUSE 1 - 7 ESSENWOOD PLACE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			4.2 NAME			
CITY-ST-ZIP	DURBAN 4001 - SOUTH AFRICA		4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			5.2 NAME			
NAME	PRETORIUS, ANTON		5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
STREET ADDRESS	108 OLD FIDDLE RD		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			6.2 NAME			
CITY-ST-ZIP	WAYNESVILLE NC 28786		6.3 STREET ADDRESS			
			6.4 CITY-ST-ZIP			
TITLE	RA	<input type="checkbox"/> DELETE	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			7.2 NAME			
NAME	BERNDT, CAROL M		7.3 STREET ADDRESS			
			7.4 CITY-ST-ZIP			
STREET ADDRESS	195 SW 15TH RD., STE. 303		8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			8.2 NAME			
CITY-ST-ZIP	MIAMI FL		8.3 STREET ADDRESS			
			8.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			9.2 NAME			
NAME			9.3 STREET ADDRESS			
			9.4 CITY-ST-ZIP			
STREET ADDRESS			10.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			10.2 NAME			
CITY-ST-ZIP			10.3 STREET ADDRESS			
			10.4 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, with all other like empowered.

SIGNATURE: *Olaf Anton PRETORIUS SEC/TR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

828-452-9668

Date

Daytime Phone #

CR2E034 (11/98)