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FLORIDA DEPARTMENT OF STATE

CORPOMATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F95000003866 (9) **DOCUMENT #**

IRISH MIST CHARTERS, INC.

Procinal Place of Business

Mailing Address



116.7 176.01	IEY AVE. #16 FL 33040	6500 MALON KEY WEST F	IEY AVE. #16 FL 33040			
					3. Date Incorporated or Qualified 08/10/1995	3a. Date of Last Report
2. Principal Place	e of Business	2a, Mailing Addre	oss		4. FEI Number	Applied For
		26			APPLIED FOR	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #	etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		Orty & State			Flection Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	30 Cou	intry		No No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Agent
				81 Nanie		
COFFEY, JOHN W 6500 MALONEY AVE. #16				82 Street Add	dress (P.O. Box Number is Not Acceptat	ile)
	EST FL 33040			83		
				84 City		FL 85 Zip Code
or registered familiar with:	diagent, or both, in the State of Flor , and accept the obligations of, Soc makes specified or technique of each accept	nda. Sueh change was etion 607.0505, Flooda (authorized by the Statutes	corporation's bos	oration submits this statement for the pu and of directors. I hereby accept the app	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
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certify that the information indicated on this annual report or supplemental annual report is true and cocurate and that my signature shall have the same legal effect as finade under oath, that I am an officer or director of the copy and on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statities, and that my name appears in Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PHINTED NAME OF SQUING OFFICER OF DIRECTOR

CR2E034 (12/95)