

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000000345 (6)

1. Corporation Name

ELITE CHARTER SERVICE LTD., INC.



Principal Place of Business

645 S MILITARY TR #6
W PALM BCH FL 33415

Mailing Address

645 S MILITARY TR #6
W PALM BCH FL 33415-3903

3. Date Incorporated or Qualified

01/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

11-2663474

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

9. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS E

~~645 S MILITARY TR #6
W PALM BCH FL 33415~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4524 GUN CLUB ROAD

83 SUITE 101

84 City

WEST PALM BEACH

85 FL

Zip Code

33415

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 title if applicable

DOUGLAS E. THOMPSON

(NOTE: Registered Agent signature required when reinstating)

03/26/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME ~~STALUPPI, JOHN~~

STREET ADDRESS ~~551 SOUTH MILITARY TRAIL~~

CITY - ST - ZIP ~~WEST PALM BEACH, FL 33415~~

TITLE DELETE

NAME ~~THOMPSON, DOUGLAS E~~

STREET ADDRESS ~~645 S MILITARY TR #6~~

CITY - ST - ZIP ~~WEST PALM BEACH, FL 33415~~

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME DS

1.3 STREET ADDRESS JEANETTE STALUPPI

1.4 CITY - ST - ZIP 551 SOUTH MILITARY TRAIL

2.1 TITLE Change Addition

2.2 NAME P

2.3 STREET ADDRESS ROBERT FRAUENTHAL

2.4 CITY - ST - ZIP 551 SOUTH MILITARY TRAIL

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANETTE STALUPPI

DIRECTOR

03/26/97 (561) 683-7100

Date

Daytime Phone #

CR2E034 (9/96)