2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **F96000006786** 1. Entity Name SUZAN CHARTERS, INC. OF DELAWARE 04-13-2000 90073 025 ***150.00 Principal Place of Business Mailing Address 2800 SE MARKET PLACE 2000 SE MARKET PLACE STUART FL 34997 STAURT FL 34997-4965 HS US 2. Principal Place of Business 3. Mailing Address 6794 SE 6794 SE Isla Wa DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Çity & State 4. FEI Number City & State 59-3315727 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Stati Martin 34996 **3499**6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sell SELLIAN, EDWARD 2800 SE MARKET PLACE STUART FL 34997 210996 is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits 4-7-2000 SIGNATURE applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CPT CP1 CR2E034 (9/99) TITLE X Change Addition TITLE ☐ Delete Edward M Sellian SELLIAN, EDWARD NAME NAME 6794 SE Isle Way 2000 SE MARKET PLACE correct address STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART-FL ☐ Change Addition M Delete TITLE TITLE HOUGHTON, JEAN NAME NAME 2800 SE MARKET PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 tracter improvement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the amprovement.

SIGNATURE:

HAROLONED)

4-7-2000

Daytime Phone #