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

Mailing Address

2a. Mailing Address

26

1816 SE 23RD AVENUE

FT. LAUDERDALE FL 33316

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700002877

DINNEN CHARTERS INC.

Principal Place of Business

FT. LAUDERDALE FL 33316

2. Principal Place of Business

301 SEABREEZE BLVD.

21

65-0720880 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DINNEN, REBECCA L 1816 SE 23RD AVENUE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 83 84 City 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 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1.1 TITLE ☐ Change Addition DINNEN, REBECCA L 1.2 NAME STREET ADDRESS 1773 SW 44TH AVE 1.3 STREET ADDRESS FT LAUDERDALE FL 33317-5710 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE [] DELETE 2.1 TITLE Change Addition DINNEN, WM. KEVIN NAME 2.2 NAME 1816 SE 23RD AVENUE STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P TITLE DELETE 4.1 TITLE ☐ Addition ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90114 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/02/1997

4. FEI Number

CR2E034 (11/98)

Applied For

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Change

Change

Addition

☐ Addition