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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H53088

(1)

CUDA CHARTER BOAT, INC.

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**FILED** 

May 05 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address								AN RIBII I		]]	
						1 1481811 a.a. 41148 Stitt aniel (8181 1811 A	(B)   B    B    B	711 B1811 C	91 <b>9</b> 11 <b>9</b> 14	11 1941	
3705 GUILFORD ROAD NAPLES FL 33962  NAPLES FL 34112-6240											
						3. Date Incorporated or Qualified 04/19/1985		te of La		oorl	
Principal Place of Business     2a. Mailing Address						4. FEI Number	Applied For				
21	26					NOT APPLICABLE			Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional					
22		27						Fe	e Req	uired ————————————————————————————————————	
City & Stat	le	City & State		6. Election Campaig						lay Be	
23	Country		28			Trust Fund Contribution			ded to		
Zip	Country		Gountry			8. This corporation has liability for in			iers. 1	199.032,	
24	25 9. Name and Address of Curre	nt Registered Agent	30			Florida Statutes Yes No  10, Name and Address of New Registered Agent					
1110	AS, MICHAEL R.	it trogisterou regent	8	I Na	me	10, Haire and Adoless of Hely Hot	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· Boilt			
	S GUILFORD ROAD		_								
	LES FL 33962		82	≥ Sti	reet Addres	ss (P.O. Box Number is Not Acceptabl	e)				
TRAF	LES FL 33902		83								
				1					_		
			į 84	Cil	ly		FL	85	Zip Co	ode	
office or agent. I a	registered agent, or both, in the Stati am familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.0505, F	authorized b lorida Statute	98.		alion submits this statement for the pin's board of directors. I hereby acceptions are the properties of the properties	t the app	ointmer	nl as 16	egistered	
12.			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	IN 12	
TITLE	PVST	☐ DETE1E	1.1 11TLE					Cha	nge	Addition	
NAME	LUCAS, MICHAEL		1.2 NAME								
STREET ADDRESS	3705 GUILFORD RD.		1.3 STREE	T ADDR	FSS						
CITY-ST-ZIP	NAPLES FL 33982		1,4 CITY+ST-ZIP								
TITLE	VIDI	☐ DELETE	2.1 TITLE	2.1 TITLE				L Chai	nge	Addition	
NAME	LUCAS, MICHAEL R		2.2 NAME		ļ						
STREET ADDRESS	3705 GUILFORD RD.		2 3 STREE	1 ADDR	ESS						
CITY - ST - ZIP	NAPLES FL 33962		2. 4 DrTY	ST-ZIF	·						
TITLE	8	☐ DELETE	3.1 TITLE					Chai	nge	Addition	
NAME	LUCAS, PATRICIA R		3,2 NAME								
STREET ADDRESS	3705 GUILFORD RD.		3.3 STREE								
CITY-ST-ZIP	NAPLES FL 33962	DELETE	3.4. CITY	S1-ZIF	<del>`</del>			Uh.	D00	Addition	
TITLE		L. Dettit	4.1 TITLE					Cha	ល្បះ	☐ vacinon)	
NAME			4. 2 NAM		.00					i	
SZERDOM TEENTS			4.3 STREE		1					Į	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY- 5.1 TITLE	51 - ZIP				Char	nge	Addition	
NAME :		- Pricii	5 2 NAME						.An	Advitor	
STREET ADDRESS			5.2 NAME 5.3 STREE	1 (1)	ESS .						
CITY-ST-ZIP			5.4 CITY-								
TITLE		DELETE	6.1 TITLE	31-211				☐ Char	nge	Addition	
NAME		bad occord	6,2 NAME						g-		
STREET ADDRESS			6.3 STREE		ESS					ľ	
ALUERI MODULOS	i		U.S STREE	י אטטא						- 1	

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 eath; 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.