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Jun 10 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 # H90402 (9)

1. Corporation Name
COLEMAN CHARTERS, INC.

Principal Place of Business

% T. BROOKS COLEMAN
P.O. BOX 395
DANIA FL 33004

Mailing Address

BOX 2127
FT LAUDERDALE FL 33303-2127
US



3. Date Incorporated or Qualified 12/16/1985
3a. Date of Last Report 06/19/1996

4. FEI Number 59-2607602
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

2. Principal Place of Business

21 Box 2127
Suite, Apt. #, etc.

22 City & State Ft. Lauderdale FL

23 Zip 33303 Country US

24 33303 25 US

2a. Mailing Address

26 Box 2127
Suite, Apt. #, etc.

27 Ft. Lauderdale FL

28 33303

29 33303 30 US

9. Name and Address of Current Registered Agent

COLEMAN, T. BROOKS
1843 MOFFETT ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name T. Brooks Coleman
82 Street Address (P.O. Box Number is Not Acceptable) 521 S.W. 10th Ave.
83
84 City Ft. Lauderdale FL 85 Zip Code 33312

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

T. Brooks Coleman

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COLEMAN, KATHERINE K.
STREET ADDRESS P.O. BOX 1169 N/A
CITY-ST-ZIP NEW BERN NC ☒ DELETE

TITLE TD
NAME COLEMAN, T. BROOKS
STREET ADDRESS 1843 MOFFETT ST
CITY-ST-ZIP HOLLYWOOD FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres
1.2 NAME T. Brooks Coleman
1.3 STREET ADDRESS 521 S.W. 10th Ave.
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33312 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *T. Brooks Coleman* 4/10/97 951 710 8417

CR2E034 (9/96)