	-				· · · · · · · · · · · · · · · · · · ·
COF ANNI	PROFIT CORPORATION ANNUAL REPORT 1996 FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # J26925 (4)					
1. Corporation	n Name BOAT CHARTERS, INC.	()			
OUD	DONI CHANTENS, INC.			I IBANIN BIND NIBA DINA KUTA KUTA KATA	
Principal Place of Business Mailing Address P.O. BOX 14621 NORTH PALM BEACH FL 33408 Mailing Address P.O. BOX 14621 NORTH PALM BEACH FL 33408			L 33408	1 10011114 0114 114110 141170 141170 14110 111001	BATT OF DATA OR DATA OR OTHER DATA OR DATA SATEL
				3. Date Incorporated or Qualified 08/04/1986	3a. Date of Last Report 04/07/1995
2. Principal Pi. 21 2 66 E	ace of Business	2a. Mailing Address 26 P. O. 1906 14	+621	4. FEI Number 59-2701175	Applied For
Suite, Apt	#, etc.	Suite, Ant. #. etc	33408	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	~ / /	City & State	19400	6. Election Campaign Financing	Fee Hequired \$5.00 May Be
Z _{tD}	Country Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24 37 40	- I TUNNUTT ELLE	29 ent Registered Agent	30	Florida Statutes S Yes 10. Name and Address of New Re	□No
11. Pursuant to	EACH SHORES FL 33404	1110000	O MOL	Wess (P.O. Box Number is Not Acceptable 13 th 3 th 3 th 4 th 1	acla JL El 85 Zip Code
12.	OFFICERS AT	NO DIRECTORS	Hoge tereA Agent signal me require	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MIZENIS, CHARLES J. P.O. BOX 14621 N/A NORTH PALM BEACH FL 33	□ DELETE	1 1 TITLE 3 2 NAME 1.3 STREET ADDRESS	January Comments	Change Addition
TITLE		☐ DELETE	1.4 CHY+ST-ZIP 2 1 THE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP		D being	3.4.0(TY+ST-ZIP		
NAME		☐ DELETE	4 1 TITLE 42 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY-ST-2IP 5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-2IP		
TITLE NAME		☐ DELETE	6 1 TITLE 6 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			6.3 CTREE) ANNOCCE		

City-St-2iP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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

6.3 STREET ADDRESS

SIGNATURE: Charles Museum processionature and Typed on Printed Name of Signing Officer of Director

4-11-96 (407)863-8708

CR2E034 (12/95)