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PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT  1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #	J41306	(8)	
GULFSTREAM CHAR	RTER SERVICE, IN	IC.	
Principal Place of Business			
1315 N. ARLINGTON AVE. STE. 100 INDIANAPOLIS IN 46219		1315 N. ARLINGTON AVE. STE. 100 INDIANAPOLIS IN 46219	
Principal Place of Business     The Principal Place of Business     The Principal Place of Business	26	n. Mailing Address	
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	
City & State		City & State	

Corporation Name GULFSTREAM CHARTER SERVICE, INC.  Principal Place of Business Mailing Address  1315 N. ARLINGTON AVE. STE. 100 INDIANAPOLIS IN 46219  MOINDIANAPOLIS IN 46219								
HADIAINI OLIO HA 40213	INDIANA OGO IN 402	10			3. Date Incorporated or Qualified 11/06/1986		of Last Re 1/09/19	
2. Principal Place of Business	2a. Mailing Address				4. F£! Number			Applied For
Suite, Apt. #, etc.	<b>26</b>				59-2747030			Not Applicable Additional
2	27				5. Certificate of Status Desired			Required
City & State	City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Zip Country 4 25	Zip [29]	Coun	olry		8. This corporation has liability for i	intangible ta		
9. Name and Address of Curr					10. Name and Address of New R	egistered /	Agent	
		1	81	Name				
MIKLAS, JOE		82 Street		Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
86000 OVERSEAS HIGHWAY ISLAMORADA FL 33036		-	83					
ISLAMORADA I C SSOSO							T1	
		1	84	City		FL	<b>85</b>   Zip	o Code
SIGNATURE Signature, byten or printed name of registered by OFF ICERS A	ent a idition if appropriate (NC AND DIFE CTORS DELETE	13. 1.1 1/1		l signature required t	when reinstating: ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
NAME BROWN, NEWTON M.		12 NAM	ME					
STREET ADDRESS 3574 FOREST EDGE DR		. 13 STA	REET.	ADDRESS				
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To hereby certify that the information supplied with this filing 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.

IGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/30/96 (317)322-2390