FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:45

DOCUMENT # **J51312** **(3)**

1. Corporation Name
MISS GAIL CHARTERS, INC.

Principal Place of Business	Mailing Address
433 NE 11TH AVE FT. LAUDERDALE FL 33301	433 NE 11TH AVE FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1987
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: 636 SE 9 AV
City & State 23: FT Lwd FL
Zip 24: 33301 Country 25: U.S.

2a. Mailing Address
26
Suite, Apt. #, etc. 27: 636 SE 9 AV
City & State 28: FT Lwd. FL
Zip 29: 33301 Country 30: U.S

4. FEI Number: 65-0000464 ☐ 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 § 199.072 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOLINET, WILLIAM GUY
305 CITY VIEW DR.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: Molinet, William Guy
82 Street Address (P.O. Box Number is Not Acceptable)
83: 636 SE 9 AV
84 City: FT. Lwd. FL. FL 85 Zip Code: 33301

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	MOLINET, WILLIAM GUY	305 CITY VIEW DR.	FT. LAUDERDALE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 12)

11 TITLE	D	☐ Change	☐ Addition
12 NAME	Molinet, William Guy		
13 STREET ADDRESS	636 SE 9 AV		
14 CITY ST ZIP	FT Lwd FL.		
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY ST ZIP			
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY ST ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY ST ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY ST ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY ST ZIP			

14. I do 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)(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 above, or on an attachment with an address.

SIGNATURE: William Guy Molinet 2/13/95 305-913-6435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0210739 CP