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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jul 22 1998 8:00am Secretary of State

Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # (3) MISS GAIL CHARTERS, INC. Principa lace of Business **LACUDERD**A AUDERBALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1987 2. Principal Place of Busines 26. Mailing Address 4. FEI Number Applied For 65-0000464 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 Personal Property Tax due June 30 □ No 9. Name and Address of Current Registered 10. Name and Address of New Registered Agent MOLINET, WILLIAM GUY Lauderdale, FL 333 & Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 Zip Code 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, typed or printed name of registeriod agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. * Change TITLE DELETE 1.1 TITLE **MOLINET, WILLIAM GUY** NAME 1.2 NAME 636 SE 9 AV STREET ADDRESS 13 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Addition Chance NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 1ITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - 7IP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 supplies entitle 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 previous or typic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in