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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

O PETER A. WOODS

FORT LAUDERDALE FL 33316

2. Principal Place of Business

2301 S.E. 17TH ST.

Suite, Apt. #, etc

City & State

Zıp

24

P & R CHARLERS, INC.	
Principal Place of Business	Mailing Address

Country

9. Name and Address of Current Registered Agent

25

EODT I MINEDOM E EL 33318

WOODS, PETER A. PIER 66 RESOR & MARINA

2301 S.E. 17TH ST.

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

**FILED** 

Apr 07 1998 8:00am

Secretary of State

O PETER A. WOODS 2301 S.E. 17TH ST. FORT LAUDERDALE FL 33316

2a. Mailing Address

City & State

28

29

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

06/05/1987

65-0003473

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

10	MI DAUDENDALE LE 33310		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					1	
			84	City		FL	<b>85</b> Zip C	Fode	
11. Pursuant to the provisions of Sections 607.05.02 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									
	Signature, typed or printed care of regulared April and			per eruterigis fri	juired when re-instating i	DATE OF THE AND I	NDCCTOD	2	
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STREET ADDRESS			1.3 STREET	· · · · }				Į.	
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NAME	FORD, RICHARD J.		22 NAME	1				Į.	
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STREET ADDRESS			6.3 STREET	ADDRESS				1	
CITY-ST-ZIP			6.4 CITY - S	T-ZIP				l.	
14. Thereby 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 eath; 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 attrictment with an address.									
SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Device Proce \$ 9201042									

Country

81 Name

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