

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED). MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J77368 (5)**  
 1. Corporation Name  
**M. J. PETER CHARTERS, INC.**



Principal Place of Business <b>3365 N. FEDERAL HWY. FORT LAUDERDALE FL 33306</b>	Mailing Address <b>3365 N. FEDERAL HWY. FORT LAUDERDALE FL 33306</b>
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3. Date Incorporated or Qualified <b>06/12/1987</b>	3a. Date of Last Report <b>03/20/1995</b>
4. FEI Number <b>65-0003271</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2301 DELMAR PLACE</b> Suite, Apt #, etc	2e. Mailing Address 26 <b>2301 DELMAR PLACE</b> Suite, Apt # etc
22 City & State 23 <b>FORT LAUDERDALE, FL</b> Zip <b>33301</b> Country	27 City & State 28 <b>FORT LAUDERDALE, FL</b> Zip <b>33301</b> Country
24 <b>33301</b> 25	29 <b>33301</b> 30

9. Name and Address of Current Registered Agent  
**LUKE, CHARLES LIROT  
 2000 MAGNOLIA DRIVE  
 CLEARWATER FL 34624**

10. Name and Address of New Registered Agent  
 B1 Name **LUKE CHARLES LIROT**  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
**112 EAST STREET, SUITE B.**  
 B3  
 B4 City **TAMPA** FL B5 Zip Code **33602**

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title, if applicable) (If 2001 Registered Agent signature required, when so stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	<input type="checkbox"/> DELETE
NAME <b>PETER, MICHAEL J.</b>	
STREET ADDRESS <b>3365 N. FEDERAL HWY.</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>PETER, MICHAEL J.</b>	
13 STREET ADDRESS <b>2301 DELMAR PLACE</b>	
14 CITY-ST-ZIP <b>FT. LAUDERDALE, FL</b>	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael J. Peter* 8/1/96 (PSY) 527-0592  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MICHAEL J. PETER, 3365 N. FEDERAL HWY., FT. LAUDERDALE, FL 33306**

CR2E034 (3/96)