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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J81382

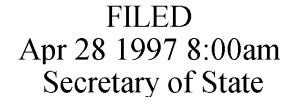
(0)

AMANDA II CHARTERS, INC.

ν,

Principal Place of Business

Mailing Address





ula dam (Odl) Had-

1675 KEYWAY RD. ENGLEWOOD FL 34223			1675 KEYWAY RD. ENGLEWOOD FL 34223-1527					
						3. Date Incorporated or Qualified 07/02/1987	3a. Date of La 04/15/199	
2. Principal Pi	lace of Business	2a. Mailir	2a. Mailing Address			4. FEI Number		Applied For
21		26				59-2830928		Not Applicable
Suite, Apt.	#, elc.	n	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27						Required
City & State	θ	· - · - · · · · · · · · · ·	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Coun			Country	,			
24	25 29			30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No		
**1		ress of Current Registered				10. Name and Address of New Re	gistered Agent	
VIS.	BRIAN DALE			81	Name			
	KEYWAY RD		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
ENG	LEWOOD, 34223			<u> </u>	62 Street Address (1.0. box Number is Not Acceptable)			
	• • •			83				
				84	City		85	Zıp Code
					'		FL	·
11. Pursuant	to the provisions of Se	ctions 607.0502 and 607.150	08, Florida Statute	es, the abov	e-named co	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing	ng its registered
agent. I a	im familiar with, and ac	cept the obligations of, Sect	ion 607.0505, Flo	rida Statule	s.	alion's board of directors. Thereby assect	и по арропинен	r as registered
SIGNATURE								
		me of registered agent and tale if applic		Registered Ag	ent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TODO IN 12
TITLE	D	OFFICERS AND DIRECTORS	DELF 1E	1.1 TITLE	1	ADDITIONS/CHANGES TO OFFIC	Char	
NAME	VIS, BRIAN DALE			1.2 NAME				ngo E / Noonhon
STREET ADORESS	1675 KEYWAY RD	l.			ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL	•		1.4 CITY-1				
TITLE			DELETE	2.1 TITLE			☐ Char	ige Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP				2 4 CH1Y-	S1-2IP			
TITLE	☐ DELETE			3.1 Till E			☐ Char	nge Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	ADDRESS			
CITY-ST-ZIP				3.4. C(TY-	ST-ZIP			
TITLE			☐ DELFTE	4.1 TITLE			Char	nge L. Addition
NAME				4. 2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			DOLL	4.4 CITY-	ST-7IP		T 64	age Addition
TITLE			DELETE	5.1 TITLE			Chai	nge Addition
NAME				5.2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		······································	DELETE	54 CHY-	S1 - 7IP		Cha	nge Addition
TITLE			L. MICH	61 TITLE				ago 🗀 Acortion
NAME CYPCEY ADDRECC				6.2 NAME	ADDULCC			
STREET ADDRESS]				1 ADDRESS			
CITY-ST-ZIP	<u> </u>			64 CITY -	S1-ZIP			

14. I do 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 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 18 if changed, or on an attachment with an address.