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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J81382

1. Corporation Name

AMANDA II CHARTERS, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90091 033 ***150.00



Salle, Apt. 8, etc. 20	Principal Place of Business 1675 KEYWAY RD. ENGLEWOOD FL 34223 3. Date I O7/07 2. Principal Place of Business 2a. Mailing Address 2a. Mailing Address 21 22 23 3. Date I O7/07 2. Principal Place of Business 24. FEI N. Suite, Apt. #, etc. 25 26 27 City & State 27 City & State 28 29 30 9. Name and Address of Current Registered Agent VIS, BRIAN DALE 1675 KEYWAY RD ENGLEWOOD, 34223 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submorfice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 3[phature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY.ST-ZIP TITLE 14. DELETE 11. TITLE 12. STREET ADDRESS CITY.ST-ZIP TITLE 13. STREET ADDRESS CITY.ST-ZIP TITLE 10. DELETE 21. TITLE 22. STREET ADDRESS CITY.ST-ZIP TITLE 10. DELETE 31. TITLE 33. STREET ADDRESS CITY.ST-ZIP TITLE 10. DELETE 31. TITLE 31. TITLE 32. STREET ADDRESS CITY.ST-ZIP TITLE 10. DELETE 31. TITLE 33. STREET ADDRESS CITY.ST-ZIP TITLE 10. DELETE 31. TITLE 31. TITLE 33. STREET ADDRESS CITY.ST-ZIP TITLE 33. STREET ADDRESS CITY.ST-ZIP TITLE 34. CITY.ST-ZIP 34. CITY.ST-ZIP TITLE 34. CITY.ST-ZIP 35.	DO NOT WRITE IN THIS SPACE corporated or Qualifed 11987 Detail of Status Desired Salary Sala
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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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: