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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K53780

CHARLOTTE HARBOR CRUISING, INC.

Principal Plac	e of Business	Mailing Address	•	1 18818111 991 91198 [1]11 18	
250 BEENEY R		250 BEENEY ROAD			
01100		3443D TAMIAMI TR.	•	DO NOT WRITE IN THIS SPACE	
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33		PORT CHARLOTTE FL 33952 US	•	3. Date Incorporated or Qua	
				12/13/1988	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		65-0086239	Not Applicable
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.		5. Certifcate of Status Desire	sa.75 Additional
22	·	27			Fee Required
City & Stat	te <del> </del>	City & State		6. Election Campaign Finance Trust Fund Contribution	sing - \$5:00 May Be   Added to Fees
Zip	Country	28 Zip	Country	This corporation owes the	
<u> </u>	25	<u> </u>	30	Personal Property Tax.	☐ Yes ☑ No
24	9. Name and Address of Cui	<del></del>		10. Name and Address of N	ew Registered Agent
<del></del>		<u> </u>	81 Name	Showard TNI	inn. Jr. Aesidest
1	l, thomas p.		82 Street Add	ress (P.O. Box Number is Not Ac	rentable)
	3D TAMIAMI TR.		233	Beeney Roa	
POF	RT CHARLOTTE FL 33952		83	J	
}			84 City > _		85 Zip Code
}			Toc	t Charlotte	FL    33952_
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement fo	r the purpose of changing its registered
office or a	registered agent, or both, in the St am familiar with And accept the	tate of Florida. Such change was au oligations of, Section 607.0505, Flori	tnonzed by the corporati da Statutes.	on's board of directors. I hereby a	accept the appointment as registered
SIGNATURE	- Liller m. II	To Della sur	k. Presid	lent Mova	5 15 1888
SIGNATURE	Signature, typed of printed name of register of	/	Registered Agent signature require	ed when reinstating)	DATE
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Maddition
NAME	DUNN, EDWARD J. JR		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	<del></del>	☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS	<b>S</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ pere ie	*** ***		County County
NAME			3.2 NAME  3.3 STREET ADDRESS		
STREET ADDRESS	6				
CITY-ST-ZIP	<u> </u>				
ΠΠLE	1	□ DELETE	3.4. C/TY-ST-ZIP		☐ Change ☐ Addition
NAME		☐ DELETE	3.4. C/TY-ST-ZIP 4.1 T/TLE		☐ Change ☐ Addition
	ļ	☐ DELETE	3.4. C/TY-ST-Z/P 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS	3	☐ DELETE	3.4. C/TY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		_	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME		_	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90007 029 \*\*\*150.00