FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K65781** **(2)**

1. Corporation Name
FATTY CAT CHARTERS, INC.

Principal Place of Business	Mailing Address
PORT CANAVERAL M CAPE CA 32951 US	PO BOX 677573 ORLANDO FL 32867 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1989**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
ZIP 24 / County 25 / ZIP 29 / County 30

4. FEI Number: **59-2946675** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has [illegible] for intangible tax under S. 199.023 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RADON, ANDREW C.
6715 MAGNOLIA PT CIR
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 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 that position under Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	☐ Change ☐ Addition
NAME	RADON, ANDREW C.	
STREET ADDRESS	6715 MAGNOLIA PT CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	☐ Change ☐ Addition
NAME	PATTERSON, FRANK A.	
STREET ADDRESS	PO BOX 677573	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Frank Patterson **Frank A. Patterson** **4/30/95** **(410) 213-8216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0419340 FP