FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K65957** **(8)**

1. Corporation Name

PACIFIC COAST CHARTERS, INC.

Principal Place of Business

% ROBB R. MAASS
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

Mailing Address

% ROBB R. MAASS
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

3. Date Incorporated or Qualified: 02/14/1989

3a. Date of Last Report: 04/24/1995

4. FEI Number: 65-0113334 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAASS, ROBB R.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 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 the date signed — Date — Registered Agent's signature in ink — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MATLACK, MICHAEL T.	1.2 NAME	
STREET ADDRESS	1181 SE BUTTONWOOD CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALFANDRE, JACK JR.	2.2 NAME	
STREET ADDRESS	340 MILL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIENA VA	2.4 CITY-ST-ZIP	
TITLE	DST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HALE, GERALD A.	3.2 NAME	
STREET ADDRESS	11 GLENDALE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMIT NJ	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRAZEE, JOHN H. SR.	4.2 NAME	
STREET ADDRESS	134 CARTER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PADEREWSKI, JULES	5.2 NAME	
STREET ADDRESS	3 PEREGRINE CROSSING	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, JAMES	6.2 NAME	
STREET ADDRESS	4905 SE DIXIE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 — 912-352-9120
Daytime Phone

CR2E034 (12/95)