## 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 # K91683 1. Corporation Name

RESORT CHARTER, INC.

Principal Place of Business

15499 WEST DIXIE HIGHWAY

NORTH MIAMI BEACH FL 33163

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23 Zip

24

Mailing Address

2a. Mailing Address

26

15499 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90032 021 \*\*\*150.00



3.- Date Incorporated or Qualifed 05/31/1989 4. FEI Number Applied For 65-0136290 Not Applicable

DO NOT WRITE IN THIS SPACE

, Apr. #, etc.	Suite, Apt. #,	, etc.			5. Certifcate of Status Desi	red 🔲	\$8.75 Additional Fee Required
k State	City & State				Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees
Country 25	Zip <b>29</b>	Co 30	untry		This corporation owes th Personal Property Tax.	e current year l	ntangible SNo
9. Name and Address of Curr	ent Registered Agent				10. Name and Address of I	New Registere	d Agent
KURZXMAN, RHODA		•	81	Name	- MAG-	•	
15499 WEST DIXIE HIGHWAY NORTH MICMI BEACH FL 33162		82 Stree			ddress (P.O. Box Number is Not Acceptable)		
			83				
			84	City		FI	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition KURZMAN, JOHN NAME 12 NAME 16496 NE 31ST AVE STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BCH. FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ☐ Addition KURZMAN, RHODA NAME 2.2 NAME 16496 NE 31ST AVE STREET ADDRESS 2.3 STREET ADDRESS N MIAMI BCH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY+ST+ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE ☐ Change ☐ Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 of 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 address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)