PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # L25741**

1. Corporation Name

I.F. CHARTER, INC.

Principal Place	of Business	Mailing Address				1		
P O BOX 60152	· i	P O BOX 60152						
68 DOLPHIN DE		68 DOLPHIN DR				DO NOT WINTE IN THIS	COACE	
ST PETE FL 33784 ST PETE FL 33784						DO NOT WRITE IN THIS	SPACE	
US	, 'u,	US				3. Date Incorporated or Qualifed 10/26/1989		
2. Principal Pl	face of Business	2a. Mailing Address				4. FEI Number	<u> </u>	olied For
21		26				59-2982726		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22	•	27				J. Cormodic of California	Fee Re	quired
City & State	e	City & State			****	Election Campaign Financing	\$5.00:	,
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Ir		
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent			,	10. Name and Address of New Registered	l Agent	
				B1 Na	ne			
	NE, JEFFREY T.		<u> </u>	B2 Str	et Addre	ess (P.O. Box Number is Not Acceptable)		
	CAUSEWAY BLVD. S.,	•		J.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ST. F	PETERSBURG FL 33707		1	83				
	•	•	<u> </u>	4				
			1	B4 Cit	/	FI	85 Zip C	ode
office of t	egistered agent, or both, in the State on familiar with, and accept the obligated in the colligated in the collins	of Florida. Such change was au tions of, Section 607.0505, Flori	itnorized i ida Statut	by the d	orporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	ointment as reg	gistered
	Signature, typed or printed name of registered agen			ugent signa	ture required	when reinstating) DATE	NO DIOCOTO	50 NI 40
12.		D DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P	☐ DELETE	1.1 TITL					
NAME	PAYNE, J. SCOTT		1.2 NAM		ł			
STREET ADDRESS	8476 MEADOWBROOK DR		1		- 1			
CITY-ST-ZIP			1.3 STR	NEET ADOR	ESS			
	LARGO FL				ESS			J. J. Páiso
TITLE	ST	☐ DELETE		EET ADOR	ESS		Change	Addition
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NAME	ST Payne, Jeffrey T. 7840 Causeway Blvd. S.	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	EET ADOR Y-ST-ZIP E ME MEET ADDR Y-ST-ZIP			☐ Change	Addition
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14. 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 attention with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90089 042 ***150.00