

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L63410**

(9)

1. Corporation Name

KALEEN CHARTERS, INC.



Principal Place of Business

**C/O FRANCIS X. J. LYNCH
340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-4020**

Mailing Address

**C/O FRANCIS X. J. LYNCH
340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-4020**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LYNCH, FRANCIS X. J.
340 ROYAL POINCIANA PLAZA
BAUGHER, METTLER & SHELTON
PALM BEACH FL 33480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0192174

Applied For

Not Applicable

5. Corporation Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.022, Florida Statutes Yes No

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CARNEY, PATRICK	
STREET ADDRESS	212 BRAZILIAN AVE #133	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	BOUCHER, ROLAND M.	
STREET ADDRESS	BATTERYMARCH PARK II	
CITY-ST-ZIP	QUINCY MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAVIN, SUZANNE	
STREET ADDRESS	BATTERYMARCH PARK II	
CITY-ST-ZIP	QUINCY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	Batterymarch Park II
4. CITY-ST-ZIP	Quincy, MA 02169
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Alan M. Olans
7. STREET ADDRESS	Batterymarch Park II
8. CITY-ST-ZIP	Quincy, MA 02169
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, correct and does not qualify for the exemption state in Section 119.07(3)(b) Florida Statutes. I further certify that the information included on this annual report or supplier certificate 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 holder of a stock certificate or a shareholder in the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I do so as an attorney with an address:

SIGNATURE:

Suzanne D. Gavin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

617-472-1000

CR2E034 (12/95)