

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76411

(2)

1. Corporation Name

PARTICULAR PEOPLE CHARTERS, INC.

Principal Place of Business

Mailing Address

4155 MOHAWK PLACE
NAPLES FL 33962
US

~~C/O MICHAEL J. BAZALO, P.A.~~
~~638 ANCHOR ROBE DRIVE~~
~~NAPLES FL 33940~~
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/29/1990

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4155 Mohawk Place

4. FEI Number
65-0205242

Applied For
Not Applicable

22 City & State

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip

Country

29 Zip

33962

30 Country

US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MICHAEL J. BAZALO, P.A.~~

~~638 ANCHOR ROBE DR.~~

~~NAPLES FL 33940~~

81 Name

ANITA WASSMER

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

4155 Mohawk Place

83

84 City

Naples

FL

85 Zip Code

33962

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

Anita Wassmer

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WASSMER, LEONARD G.
STREET ADDRESS 4155 MOHAWK PLACE
CITY ST ZIP NAPLES FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE S
NAME WASSMER, ANITA
STREET ADDRESS 4155 MOHAWK PLACE
CITY ST ZIP NAPLES FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE T
NAME PRIMUS, NATHAN
STREET ADDRESS 18 BUCKINGHAM
CITY ST ZIP MANCHESTER CT

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 the 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, changed, or on an attachment with a checkmark.

SIGNATURE:

Anita Wassmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 *813-793*
3525