

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90134 036 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L76411**

1. Corporation Name  
**PARTICULAR PEOPLE CHARTERS, INC.**

**Principal Place of Business**

4620 GAIL BLVD  
NAPLES FL 34104  
US

**Mailing Address**

4620 GAIL BLVD  
NAPLES FL 34104  
US

**2. Principal Place of Business**

21 Sube. Apt. #, etc.

22 City & State

23 Zip

24 Country

**2a. Mailing Address**

25 Sube. Apt. #, etc.

26 City & State

27 Zip

28 Country

**3. Date Incorporated or Qualified**

05/29/1990

**4. FEI Number**

65-0205242

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

**8. This corporation owes the current year Intangible  
Personal Property Tax.**

☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

WASSMER, ANITA  
4620 GAIL BLVD  
NAPLES FL 34104

**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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WASSMER, LEONARD G.	
STREET ADDRESS	4620 GAIL BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WASSMER, ANITA	
STREET ADDRESS	4620 GAIL BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRUNO, PRIMUS	
STREET ADDRESS	18 BUCKINGHAM	
CITY-ST-ZIP	MANCHESTER CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)