

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:44

DOCUMENT # **M78441** (6)

1. Corporation Name
D & D CHARTERS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% HOWARD M. LORBER **% HOWARD M. LORBER**
70 EAST SUNRISE HIGHWAY, SUITE 411 **70 EAST SUNRISE HIGHWAY, SUITE 411**
VALLEY STREAM NY 11581 **VALLEY STREAM NY 11581**

3. Date Incorporated or Qualified **04/22/1988** 3a. Date of Last Report **06/27/1994**
4. FEI Number **65-0048032** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2b. 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
LORBER, HOWARD M
2111D FISHER ISLAND DRIVE
FISHER ISLAND FL 33109
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: *Howard M. Lorber* DATE: **3/10/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORBER, HOWARD M	12 NAME	
STREET ADDRESS	2111D FISHER ISLAND DRIVE	13 STREET ADDRESS	
CITY ST ZIP	FISHER ISLAND FL 33109	14 CITY ST ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORBER, THEA J	22 NAME	
STREET ADDRESS	2111D FISHER ISLAND DRIVE	23 STREET ADDRESS	
CITY ST ZIP	FISHER ISLAND FL 33109	24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 110.07(3)(b), 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 correct, or on an amendment with an address.

SIGNATURE: *Howard M. Lorber* DATE: **3/10/95** **516 874 1000**
ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR