

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N47494

1. Corporation Name

CHARLOTTE CLASSICS & CRUISERS, INC.

Principal Place of Business

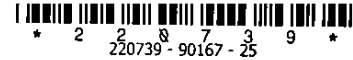
18633 KLINGLER CIRCLE
PORT CHARLOTTE FL 33948

Mailing Address

22192 ONEIDA AVE
PORT CHARLOTTE FL 33952
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90167 025 ****61.25



2. Principal Place of Business

21 **150 SPYGLASS ALLEY**

Suite, Apt. #, etc.

22

City & State

23 **PLACIDA, FLORIDA**

Zip

24 **33946**

Country

25 **CHARLOTTE**

2a. Mailing Address

26 **150 SPYGLASS ALLEY**

Suite, Apt. #, etc.

27

City & State

28 **PLACIDA, FLORIDA**

Zip

29 **33946**

Country

30 **CHARLOTTE**

3. Date incorporated or Qualified

02/21/1992

4. FEI Number

65-0342124

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

9. Name and Address of Current Registered Agent

LEDERER, JOEL O.
2733-B TAMiami TRAIL
PORT CHARLOTTE FL 33952

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **GRAVAGNA, THOMAS A**
STREET ADDRESS **22192 ONEIDA AVE**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **DV** ☐ DELETE
NAME **BROOKS, THOMAS**
STREET ADDRESS **150 SPYGLASS ALLEY**
CITY-ST-ZIP **CAPE HAZE FL**

TITLE **DS** ☒ DELETE
NAME **DENISON, KAREN**
STREET ADDRESS **987 KENNWOOD TERR.**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **DT** ☐ DELETE
NAME **BROOKS, DARLENE**
STREET ADDRESS **150 SPYGLASS ALLEY**
CITY-ST-ZIP **CAPE HAZE FL**

TITLE **CCP** ☒ DELETE
NAME **RAMBO, SCOTT**
STREET ADDRESS **12361 EASHA BLVD**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **THOMAS BROOKS**
1.3 STREET ADDRESS **150 SPYGLASS ALLEY**
1.4 CITY-ST-ZIP **PLACIDA, FLORIDA 33946**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **PATRICIA BROWN**
2.3 STREET ADDRESS **2950 KAABE AVE**
2.4 CITY-ST-ZIP **NORTH PORT, FL 34287**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **BARBARA HLADUN**
3.3 STREET ADDRESS **3258 MARION ST.**
3.4 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

4.1 TITLE **DT** ☐ Change ☐ Addition
4.2 NAME **DARLENE BROOKS**
4.3 STREET ADDRESS **150 SPYGLASS ALLEY**
4.4 CITY-ST-ZIP **CAPE HAZE, FL 33946**

5.1 TITLE **CCP** ☐ Change ☒ Addition
5.2 NAME **ROBERT HOFMAN**
5.3 STREET ADDRESS **1626 SE 39TH TERRACE**
5.4 CITY-ST-ZIP **CAPE CORAL, FL 33904**

6.1 TITLE
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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/99

Date

(941) 698-1850

Daytime Phone #

CR2E037 (11/98)