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PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Apr 10 1997 8:00am

ANNUAL REPORT 1997			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary	01 5	tat	e		
1. Corporation	MENT # P3 n Name t Charters, Inc		(2)					albu sidir biath	Badhi Blair	B) Bla ABda	
Principal Place of Business 8551 S.E. DRIFTWOOD ST HOBE SOUND FL 33455			Mailing Address B551 S.E. DRIFTWOOD ST HOBE SOUND FL 33455-2920								
				-			3. Date Incorporated or Qualified 04/15/1992	3a. Date o	of Last Re	eport	7
21	face of Business	26	ailing Address				4. FEI Number 52-1353817	·/····································	Ap No	oplied For of Applicable	- - - -
Sufte, Apt.	#, etc.	\$u 27	ite, Apt. #, etc.				5. Certificate of Status Desired		8.75 / Fee Re	Additional equired	
City & State	6		y & State	· · · · · · · · · · · · · · · · · · ·			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	May Be	1
7(p)	Country 25		Zip Coun				B. This corporation has liability for it				
24		29 ss of Current Registere	ed Agent	[30]		······································	10. Name and Address of New Re-				1
	E, CHARLES C.				81	Name]
	1 S.E. DRIFTWOOD S 3E SOUND FL 33455					Street Addr	dress (P.O. Box Number is Not Acceptable)				1
1100	AC 000110 1 E 00100			}	83			**, ***, *** **			†
				ļ	84	City		 8	5 Zip (Code	1
11. Pursuant	to the provisions of Sect	tions 607 0502 and 607 1	508, Florida Statut	es the at	-ave-	named corr	poration submits this statement for the n	FL ourpose of cha	anging it	s registered	-
	egistered agent, or both m familiar with, and acc	i, in the State of Florida. t ept the obligations of, Sc	Such change was a ection 607.0505, Flo	authorized orida Stati	l by ti utes.	he corporat	poration submits this statement for the p lion's board of directors. I hereby accep	t the appoint	ment as	registered	
SIGNATURE.	Sojusture, typed or conted name	e of registered agent and title if app	plicable. (NOT	E: Registered	Agent	signature requir	red when reinstating)	DATE			}_
12.	CP	FFICERS AND DIRECTO	RS DELETE	13.			ADDITIONS/CHANGES TO OFFIC		RECTOR Change	IS IN 12	}
TITLE NAME	SINE, CHARLES C.	☐ nerese	1.1 TIT 1.2 NA		1	C., Gila		Gnange	TTI MODITION	CR2E034 (9/96)	
STREET ADDRESS	8551 S.E. DRIFTWO					DDRESS					(8)
CITY-ST ZIP	HOBE SOUND FL				1.4 CITY-ST-ZIP						122
Title	ds Sine, rita marie		DELETE	2.1 10		}		IJ	Change	Addition	10
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City-St-Zio	HOBE SOUND FL			•	TY-ST-	- 1					}
THE	ı		DELETE	3 1 TIT		1			Change	Addition	}
NAME STREET ADDRESS				3.2 NA		ODRESS					1
CITY-\$1-7(P					TY-51-	- (}
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NAME.				4.2 N							{
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NAME				5.2 NA	ME	1					
STREET ADDRESS				1		DDRESS					
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NAME				6.2 NA		{		-~	٠	_	
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I do nereby certify that the information supplied with this filling 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 are 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 attrachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR