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

Mailing Address

945 MARTINIQUE DR MERRITT ISLAND FL 82953-4577

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

MERRITT ISLAND FL 32953

appears in Block 12 or I

SIGNATURE:

945 MARTINIQUE DR



FLORIDA DEPARTMENT OF STATE

May 27 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000023847 (5)

DAY TRIPPER CHARTERS, INC.

03/23/1993 08/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3183788 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOKE, DELIA M 945 MARTINIQUE DR **B2** Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32953** 63 City 84 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 (NOTE: Registered Agent signature required when reinstaling) Signature hyperaics proved rapid of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE DIRECTOR-Change 1.1 TITLE HitE JOHN B. COOKS COOKE, DELIA M 1.2 NAME NAME 945 MARTINIAUE OR **945 MARTINIQUE DR** 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 1.4 CITY-ST-ZIP CITY ST. 20 DELETE Addition 101.6 2.1 TITLE 2.2 NAME NAMI STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City - St - 7(P CITY - ST - ZIP DELETE Change Addition HILE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS Cift - SI - ZiP 3.4. CITY-\$1-7IP DELETE 4.1 TITLE Change Addition THE N.M. 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C 15 - \$1 - 20P DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY ST ZIP DELETE Change Addition 6.1 TITLE TRUE NAMi 62 NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY-ST-ZIP 14. If do 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name