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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 22 1998 8:00am Secretary of State

1	MENT # P93000 RIPPER CHARTERS, INC.	0023847 (5)			H (
Principal Plac	e of Business	Mailing Address		I ADDIADDI AM IDIAR ANIX ODIN ODIN TONI FANK	14004 (4141 4014) 81 4 11 1 54 1 1 53 1
,		945 MARTINIQUE DR			
		MERRITT ISLAND FL 3295	3		0000
ยร		US		DO NOT WRITE IN THIS	SPACE
ļ				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address	···········	03/23/1993 4. FEI Number	Applied For
21 95 F	LOCIDA BLUD	26		59-3183788	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	ett Island FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24 327			0	Personal Property Tax due June 30.	Yes No
<u> </u>	Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
	OOKE, DELIA M		(0	OKE WANG 15"	
945 MARTINIQUE DR MERRITT ISLAND FL 32953			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
i me	ENNALL ISPAIND LF 25922		63	THE BANG	
1			84 City	PRINT ISLAND FI	L 85 32953
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the all office or registered agant, or both on the State of Florida. Such change was authorized agent. Lam familiar yigh, and a copt the obligations of, Section 607.0505, Florida State			the above-named cor thorized by the corpora A Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered oppointment as registered
SIGNATURE	Jahr aste	JOHN C	ooker	NO ₄	1/26,1998
<u></u>	Approve, typed or penter have of registerest agent		Registered Agent signature requi		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	D DIRECTORS IN 12 S
TITLE NAME	COOKE, DELIA M		1.1 FITLE 1.2 NAME		Cushing Through 1
STREET ADDRESS	945 MARTINIQUE DR		1.3 STREET ADDRESS		{
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP		į
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	COOKE, JOHN B		2.2 NAME		
STREET ADDRESS	945 MARTINIQUE DR		2.3 STREET ADDRESS	-	
CITY-ST-ZIP	MERRITT ISLAND FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE	•	☐ Change ☐ Addition
NAME			3.2 NAME		į
STREET ADDRESS			3.3 STREET ADDRESS	•	Į.
CITY-ST-ZIP		Merte	3.4. CITY-ST-ZIP		
TITLE.		DELETE	41 TITLE		Change Addition
NAME .			4. 2 NAME		<u> </u>
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		- Victic	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CiTY-ST-7IP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STHEET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with	this filing does not quality for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida statutes. 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 logal 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 appears in Block 12 or Block 13 if privileged, given an a tachment with an address.