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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000033427 (4) DOCUMENT # 1. Corporation Name

SUNCHASER	CHARTERS.	INC.

Principal Place of Business 317 RIVEREDGE BLVD. COCOA FL 32922

SIGNATURE:

Mailing Address

317 RIVEREDGE BLVD. **COCOA FL 32922**



(407)

631-0070

4.24-96 Date

3. Date Incorporated or Qualified 3a. Date of Last Report

						05/01/1993	06/13	/1995		
2.	Principal Place of Business Research					4. FEI Number		Applied For		
21			26	26		59-3178399		Not Applicable		
22	Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	I A	75 Additional se Required		
	City & State					6. Election Campaign Financing				
23			28			Trust Fund Contribution		\$5.00 May Be Added to Fees		
	7φ	Country	Zip	Countr	Y	8. This corporation has liability for intangible tax under s 199				
24		25	29	30	•	·	□ No	0 100.002,		
		9, Name and Address of Cur	rent Registered Agent	<u> </u>		10. Name and Address of New Registered Agent				
					81 Name					
317 RIVEREDGE BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)					
					62 Street Address (P.O. Box Number is Not Acceptable)					
					63					
	0000,	THE GEOLE		Ĺ.						
					84 City FL 85 Zip Code					
11.	Pursuant to	the provisions of Sections 607.08	502 and 607.1508, Florida Statute	es, the above	named corpora	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing i	ts registered office		
	famil ar wit	h and accept the obligations of S	ection 607.0505, Florida Statutes	outry inercon	polation 5 DOM	о опалестого, т негеру ассерт те арро	ominient as registe	reu agent. Fam		
SIG	NATURE	III Made								
					ant signature required	· · · · · · · · · · · · · · · · · · ·	DATE			
12.			AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		*****		
TITLE	-	Db,	☐ DELETE	1. 1 TITLE		D, P, S, T	🔼 Chan	ge 🔲 Addition		
NAM	ŧ	BUCHANAN, MARK S		1.2 NAME		BÚCHÁNAN, MARK S.				
SIM	L1 ADDRESS			1.3 STREE	1 ADDRESS	317 RIVEREDGE BLVD.				
CHY	·ST ZIP	COCOA FL 32922		1.4 CITY-	ST-ZIP	COCOA, FL 32922				
11*LE			DELETE	2 1 THTLE		•	☐ Chan	ge 🔲 Addition		
NAME				2 2 NAME	{					
STREET ADDRESS				2.3 STREE	T ADORESS					
CITY - ST - ZIP				2 4 C(TY-	ST-ZIP					
TITLE		☐ DELETE		3 1 THTLE			Chan	ge 🔲 Addition		
NAM	Ē			3.2 NAME						
STRE	ET ADDRESS			3 3 S RE	ET ADDRESS					
CHY	- ST - 7·P			3 4 CITY -	ST-ZIP					
THE			☐ DELETE	4. 1 TITLE			Chang	ge 🔲 Addition		
NAM	E			4.2 NAME						
STRE	ET ADDRESS			4.3 STREE	T ADDRESS					
CITY	- \$1 - ZIP			4 4 CITY -	ST-ZIP					
Tilli			☐ DELETE	5. 1 TITLE			Chang	ge 🔲 Addition		
NAM:	:			5.2 NAME						
STHE	ET ADDRESS			5 3 STREE	T ACORESS					
CITY			5.4 CFY-	ST-2IP						
THLE			6 1 TITLE			☐ Chang	ge 🔲 Addition			
NAMI	E			62 NAME						
STHE	ET AUDRESS			63 STREE	I ADDRESS					
	- S1 - 20P			64 CITY -						
	I do hereby	certify that the information supple	ed with this filing is voluntarily furni	shed and do	es not qualify fo	or the exemption stated in Section 119.	07(3)(k), Florida Sta	itutes. I further		
	certify that	the information indicated on this a	nnual report or supplemental annu	ual report is ti	ue and accurat	te and that my signature shall have the seport as required by Chapter 607, Fk	same legal effect a	s if made under		
	appears in	Block 12 a Black 13 if changed,	or artachment with an address	988.	** everage (1)	report as required by Oriapter 607, FR	mua Giaidios, and	אידא אווא אוויא		