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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 25 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033427 (4)

SUNCHASER CHARTERS, INC.

Principal Place of Business Mailing Address 317 RIVEREDGE BLVD. 317 RIVEREDGE BLVD. COCOA FL 32922 COCOA FL 32922-7984 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1993 04/29/1996 2a. Mailing Address 4. FEI Number 2. Principa Place of Business Applied For 59-3178399 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional K 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BUCHANAN, MARK S 317 RIVEREDGE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32922 83 84 Zip Code 11. Pursuant to the provisions of Scalans 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12 13, DPST DELETE Change Addition THUE 1.1 TITLE LONG, DONALD J. BUCHANAN, MARK S NAME 12 NAME R2E034 317 RIVEREDGE BLVD. 317 RIVEREDGE BLVD. STREET ADDRESS 1.3 STREET ADDRESS COCOA FL COCOA, FL 32922 1.4 CITY - \$1 - ZIP 0:17 - S* - 7:P DELETE Change Addition 1010 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP C. TY - ST - ZIP DELETE Addition Change THLE 3.1 TITLE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C(1Y - S1 - 7IP DELETE Channe Addition 4.1 TIFLE THE NAVE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS C(TY - ST - 7)P 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STHELL ADDRESS 5.4 CITY - ST- ZIP CITY - ST - ZP DELETE Addition Change 6.1 TITLE TILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 6 4 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 Conoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if ghanged, or on an attainment with an address.