FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000050945 (3)

1. Corporation Name

REEL LIFE CHARTERS INC.

Principal Place of Business	Mailing Address
88 KEY HAVEN RD. KEY WEST FL 33040	88 KEY HAVEN RD. KEY WEST FL 33040

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 3224 EAGLE Ave	26 3224 EAGLE Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Key West Fl	28 City & State: Key West Fl
24 Zip: 33040 25 Country: MONROE	29 Zip: 33040 30 Country: MONROE

4. FEI Number: 65-0430706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLS, PAUL S CPA
3709 DONALD AVE.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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: Paul S Mills Paul S. Mills DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CURRIE, ELIZABETH M		1.2 NAME		
STREET ADDRESS	88 KEY HAVEN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGEHEE, KAREN		2.2 NAME		
STREET ADDRESS	3224 EAGLE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CURRIE, MICHAEL P		3.2 NAME		
STREET ADDRESS	88 KEY HAVEN RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCGEHEE, JON L		4.2 NAME		
STREET ADDRESS	3224 EAGLE AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 attachment with an address.

SIGNATURE: [signature] JON L MCGEHEE 05-05-96 305-296-0603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #