## 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

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P93000054978 (0)

Principal Place of Business Mailing Address  105 EVERGLADES BLVD STUART FL 34994  STUART FL 34994  CAPTAIN CHMIS RIVER CHARTER, INC.  Mailing Address  105 EVERGLADES BLVD STUART FL 34994									
2. Principal Pia						<ol> <li>Date Incorporated or Qualified 08/05/1993</li> </ol>		te of Last <b>4/25/1</b> 9	,
21 Principal Pia	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt.	f, etc.	Suite, Apt. #, etc.				65-0428526	·····	E0 7	Not Applicable
22		27				5. Certificate of Status Desired			5 Additional Required
City & State 23		City & State				6. Election Campaign Financing		\$5.0	00 May Be
Zip	Country	Zip	Count	ν		Trust Fund Contribution  8 This corporation has liability for			ed to Fees
24	25	29	30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent	
ACVEL AS	UD CUDIOTIAN I		8	1 Nar	16				
	ND, CHRISTIAN K RGLADES BLVD.		8:	Stre	et Address	(P.O. Box Number is Not Accepta	ble)		
	FL 34994		8:	<u>.</u>					
					·				
			84	1 1			FL	1 1	?ip Code
familiar with	the provisions of Sections 607,0502 of agent, or both, in the State of Flori n, and accept the obligations of, Sect signature, tiped or private name of registered agent OFFICERS AN	ion 607.0505, Florida Statu t and title it approable	Orized by the contes.  (NOTE: Registered Age	por augi	i s boaru (	in oriectors. Thereby accept the app	DATE	registere	d agent. I am
TITLE	D	DELETÉ	1, 1 3 II L			ADDITIONS/CHANGES TO OFF			
NAME	ASKELAND, CHRISTIAN K	EJ Decere	1.2 NAME		İ		L	Change	☐ Addition
STREET ADDRESS	105 EVERGLADES BLVD		13STREE	T ADDRES	s				
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CITY-ST-ZIP	STUART FL 34994		2 3 STREE		s				
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NAME			3.2 NAME				L	Change	Addition
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STREET ADDRESS CITY-ST-ZIP			4 3 STREE		S				
TITLE		☐ DELETE	4.4 CITY-5	SI - ZIP					
NAME		Libert	5. 1 TITLE 5.2 NAME		1	90000183	၁ရာ	_ Change	Addition
STREET ADDRESS			5.3 STREET	ADDRES		-05/25/96010	N104		
CITY-ST-ZIP			5.4 CITY - 5			***225.00	1	•	
TITLE		DELETE	6 1 TITLE					Change	Addition
NAME			6.2 NAME,				<u></u>	_ 0	
STREET ADDRESS			6.3 \$1REE1	AUDRESS	; [				
City-st-zip 14. Ldo hereby:	certify that the information or netical	uith thin films is and a firm	6.4 CITY - 9	T-ZIP					
certify that the cath; that I a appears in E	certify that the information supplied was information indicated on this annual an afficer or director of the corpor slock 12 or Ellock 12 f changed, or o	at report or supplemental ar ration or the receiver or rust ri an extechnent with an ad	irnished and doe noual report is tru tee empowered idross.	s not q ie and i to exec	uality for the accurate ar ute this rep	e exemption stated in Section 119, of that my signature shall have the ort as required by Chapter 607, Fig.	07(3)(k), Flor same legal e orida Statute	ida Statut effect as if s; and tha	es. I further made under at my name

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DISECTOR

\$07\_335, 844