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 # P93000085445 (3)

1. Corporation Name

TAMARACK SALES & CHARTER, INC.

Principal Place of Business: ~~2266 PALMA COURT KISSIMMEE FL 34746~~

Mailing Address: ~~P. O. BOX 421289 KISSIMMEE FL 34742~~

3. Date Incorporated or Qualified	3a. Date of Last Report
12/13/1993	07/28/1995

4. FEI Number: 59-3214398 — Applied For / Not Applicable

2. Principal Place of Business
21 8628 VISTA LAKE LN
Suite, Apt. #, etc.
22 1212
City & State
23 ORLANDO, FLA
Zip
24 32821
Country
25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 ✓
City & State
28 ✓
Zip
29 ✓
Country
30 ✓

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

CHANFRAU, JOSE M IV, ESQ
5401 SOUTH KIRKMAN ROAD
SUITE 505
ORLANDO FL 32819

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROCA, ODON	
STREET ADDRESS	~~2266 PALMA CT.~~	
CITY-ST-ZIP	~~KISSIMMEE FL~~	
TITLE	~~D~~	☑ DELETE
NAME	~~BRYANT, GARY~~	
STREET ADDRESS	~~2266 PALMA CT.~~	
CITY-ST-ZIP	~~KISSIMMEE FL 34746~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8628 VISTA LAKE LN. STE. 1212	
1.4 CITY-ST-ZIP	ORLANDO, FLA - 32821	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB-20-96
Date

407-827-0579
Daytime Phone #

CR2E034 (12/95)