

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



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

APPROVED
AND
FILED

97 MAR 17 AM 8:42

DOCUMENT # P 94000009789

1. Corporation Name

K & E Charters, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1801 Sombrero Blvd.
Marathon, Fl 33050

Mailing Address

1801 Sombrero Blvd.
Marathon, Fl 33050

3. Date Incorporated or Qualified

February 3, 1994

3a. Date of Last Report

5/96

2. Principal Place of Business

21 SEE ABOVE

2a. Mailing Address

26 SEE ABOVE

4. FEI Number

65-0468726

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELDON EVANS, P.A.
6175 N.W. 153rd. St., Ste 215
Miami Lakes, Fl 33014

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.

Registered Agent &

SIGNATURE

Sheldon Evans, Atty

2/19/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME John G. Kringel
STREET ADDRESS 366 Bluffs Edge Drive
CITY-ST-ZIP Lake Forest, IL 60045

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME John G. Kringel
STREET ADDRESS 366 Bluffs Edge Drive
CITY-ST-ZIP Lake Forest, IL 60045

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME John G. Kringel
STREET ADDRESS 366 Bluffs Edge Drive
CITY-ST-ZIP Lake Forest, IL 60045

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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:

John G. Kringel Pres.

3/4/97

(847) 937-1364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)