

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
 95 AUG -3 AM 9:58  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P94000032008 (2)**

1. Corporation Name

**LADY M CHARTERS INC.**

Principal Place of Business

**1525 S ANDREWS AVENUE  
SUITE 216  
FT. LAUDERDALE FL 33316**

Mailing Address

**1525 S ANDREWS AVENUE  
SUITE 216  
FT. LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/27/1994**

3a. Date of Last Report

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**65-0487853**

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

**CORPAMERICA, INC.  
1525 S ANDREWS AVENUE  
SUITE 216  
FT. LAUDERDALE FL 33316**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
WILLIAMS, FREDERICK J  
1525 S. ANDREWS AVE., #216  
FT. LAUDERDALE FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**P-D  
WILLIAMS FREDERICK J  
1323 SE 17th ST 627  
FT. LAUDERDALE, FL 33316** ☒ Change ☐ Addition

2. 1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**VP-D  
JAMES R. EDWARDS  
1731 SE 15th ST #404  
FT. LAUDERDALE, FL 33316** ☐ Change ☒ Addition

3. 1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**SEC-TREAS-D  
MADGE G EDWARDS  
1731 SE 15th ST, #404  
FT. LAUDERDALE, FL 33316** ☐ Change ☒ Addition

4. 1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

**TREAS-D  
MYRNA WILLIAMS  
1425 NW 9th Ave  
DAVIE, FL 33004** ☐ Change ☒ Addition

5. 1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6. 1 TITLE  
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 110.07(3)(a), 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: MADGE G. EDWARDS** *Madge G. Edwards Sec - 7/28/95 305-764-4861*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIVISION

(NAME)

(Daytime Phone #)

CR2E034 (3/95)