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

1996

P94000032100 (7)

DOCUMENT #

BIG PINE I	KEY CHARTERS & SAL	es, inc.				
Principal Place of Business Mailing Address						
MILE MARKER 31 END OF SANDS ROAD BIG PINE KEY FL 33043		P.O. BOX 431559 BIG PINE KEY FL 33043 US		·		
US					3. Date incorporated or Qualific 04/25/1994	a. Date of Last Report 01/30/1995
Principal Place of Business 21		2a. Mailing Address 26	, T		4. FEI Number 65-0523744	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Zτρ 25 29		Country 30			for intangible tax under s 199.032, Yes \[\] No
	lame and Address of Current	L	1901		10. Name and Address of Ne	
<i>V.</i>		<u> </u>	e	1 Name		
GREGORY, WILLIAM € P 715 SWANN AVE.			8	82 Street Address (P.O. Box Number is Not Acceptable)		otable)
TAMPA FL 3			Ē	3	***************************************	
			Ē	4 City		FL 85 Zip Code
familiar with, and a SIGNATURE	accept the obligations of, Section	in 607.0505, Florida Statutes	S.			purpose of changing its registered office appointment as registered agent. I am
	, typed or printed traine of registered agent a			gert signature	required when reinstating?	OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13. 1 1 THLE		ADDITIONS/CHANGES TO	Change Addition
TITLE G	GREGORY, WILLIAM P	Content	1.2 NAME			
7	715 SWANN AVE. TAMPA FL 33606		1.3 STREET ADDRESS			
T T						
UIII 31 ZIF	— 		2. 1 113			Change Addition
	MYLIN, KENT		2.2 NAM			
	MILE MARKER 31, END OF	SANDS ROAD		eet address		
CITY-SI-ZIP BIG PINE KEY FL			2.4 CITY - ST - ZIP			
TITLE	VST DELETE		3. 1 TIF			Change Addition
	MYLIN, DOREEN		3.2 NAA	1E		
STREET ADDRESS MILE MAKER 31, END OF SANDS ROAD			3 3. STF	EET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY ,		3.4.0(1)	-ST-ZIP	N.	
TITLE		☐ DELE1E	4. 1 Tit	.E		Change Addition
NAME			4 2 NAM	1E		
STREET ADDRESS			4 3 STH	eet address		
CITY-ST-ZIP			4.4 CIT	(- \$T - ZIP		.,
TITLE	☐ DELETE		5 1 TIT	LF		Change . Addition
NAME			5 2 NAM	1 €		
STREET ADDRESS			53818	EET ADDRESS		
CITY-ST-ZIP		<u>.</u>		(- ST - ZIP		Proj. Al. Proj. A
TITLE		DELETE	6 1 TiT	LE		Change C Addition
NAME					I	
1,000		<u> </u>	6.2 NA ⁴			
STREET ADDRESS			6.3 \$1R	ME Eet address 7-st-zip		

I do nereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. If 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 inddress.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-872-2222

Daytime Phone #