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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400058938 (9)

SEAQUEST CHARTERS, INC.

Principal Place of Business Mailing Address 10960 WINDING CREEK LANE 10960 WINDING CREEK LANE **BOCA RATON FL 33428 BOCA RATON FL 33428-5863** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1994 04/29/1996 2. Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For 65-0559808 21 Not Applicable Suite, Apt. #, etc. Suite Ant. # etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EASTHAM, JOHN K ESQ. 138 W. PALMETTO PARK RD. 82 **BOCA RATON FL 33432** 83 sions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stylement for the purpose of changing its registered gent, 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 ith add accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant SIGNA" (NOTE: Registered Agent signature required when reinstating) FFICERS DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ☐ Change Addition **GUMM, DENNIS A** NAME 1.2 NAME 22749 SLEEPY BROOK LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZP 1.4 CITY-ST-ZIP **PVTS** DELETE Change Addition TITLE 21 TITLE TURNER, GREGORY NAME 2.2 NAME 10960 WINDING CREEK LANE STREET ADDRESS 23 STREET ADDRESS **BOCA RATON FL** CHY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-7IP 3.4. City-St-ZiP DELETE Addition Change THEF 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 4.4 CITY-ST-ZIP DELETE \_\_\_ Change Addition TIFLE 51 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THEF 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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

with an address.

SIGNATURE:

appears in Block 12 or Block 13 if a

**FILED** 

Apr 30 1997 8:00am

Secretary of State

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