

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091328 (2)

1. Corporation Name

GIANT STRIDE CHARTERS, INC.

Principal Place of Business

Mailing Address

1201 NORTH OCEAN BLVD.  
SINGER ISLAND FL 33404

1201 NORTH OCEAN BLVD.  
SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/19/1984

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 200 E. 13<sup>th</sup> St. #520  
Suite, Apt. #, etc.

26 1901 mainsail Circle  
Suite, Apt. #, etc.

4. FEI Number  
65-0540657

Applied For  
Not Applicable

22 City & State

23 Riviera Beach, FL  
Zip 33404 Country USA

27 City & State

28 Jupiter, FL  
Zip 33477 Country USA

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 Ch. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and that of applicant (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

1 TITLE P  
NAME IVES, VARESHA A  
STREET ADDRESS 1201 NORTH OCEAN BLVD.  
CITY ST ZIP SINGER ISLAND FL 33404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/T  Change  Addition  
12 NAME IVES, VARESHA A.  
13 STREET ADDRESS 1901 mainsail circle  
14 CITY ST ZIP Jupiter, FL 33477

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP  Change  Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP  Change  Addition  
700001488347  
-05/16/95--01022--020  
\*\*\*\*200.00 \*\*\*\*200.00

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP  Change  Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP  Change  Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP  Change  Addition

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)(b), 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: Varesha Ives VARESHA A Ives  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95 407-745-9286  
Date (Month/Day/Year) (Phone Number)