## 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

**DOCUMENT #** 

P95000007614 (7)

MADII	CHARTER	SERVICE	INC

Principal Place of Business

Mailing Address

807 HWY 98 E

DESTIN FL 32540

Best in FL 32540

3. Date Incorporated or Qualified

3a. Date of Last Report

							01/30/1995	port			
Principal Place of Business     28. Mailing Address					4. FEI Number A	pplied For					
21	,		26				X N	lot Applicable			
22	Suite, Apt. #, etc		27	Suite, Apt. #, et	c		I 5 Cedit cate of Status Desired I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Additional lequired			
	Oity & State		28	City & State				May Be to Fees			
24	Zıp	Country 25	29	Zιp	Countr 30	ý	8. This corporation has liability for intangible tax under s Florida Statutes ☐ Yes ☑No	199.032,			
24	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					8:	33					
11	. Pursuant to the provis	ions of Sections 607.0	0502 and 60	)7.1508, Florida S	Statutes, tije above	l-na	amed corporation submits this statement for the purpose of changing its re-	egistered office			

or registere familiar with	id agent, or both, in the State of Florida. Such change was authorized to n, and a cept the chiligations of, Section 607 0505, Florida Statutes	y the corporation's	board of directors. I hereby accept the appoir	unent as registered	agent ram		
SIGNATURE _		and and American are	Annual Carbon date (Addition	Haral96			
12.	OF TICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1 TITLE	DIPISIT ANTHONY I DAVIS Main St. Jestin, FC 3254/	Criange	Addition		
NAME	MATTHEWS, DANA C	1.2 NAME	ANTHONY I DAVIS				
STREET ADDRESS	607 HWY 98 E	13 STHEET ADDRESS	main st				
CITY-ST-ZIP	DESTIN FL 32540	1.4 CITY - ST- ZIP	destiv, fl 3254/				
TITLE	DELETE	2 1 TITLE		☐ Change	Addit on		
NAME		2.2 NAME					
STREET ADDRESS		2 3 STREET ADDRESS					
CITY-ST-ZIP		2 4 CITY - ST - 7(P					
1-TLE	DELETE	3 1 T.TLE		☐ Change	Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE	DELETE	4 1 TiTLE		☐ Change	Addition		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CiTY - ST - ZiP		4 4 CITY - ST - ZIP					
TITLE	☐ DELETE	5 1 TITLE		Change	☐ Addition		
NAME		5.2 NAME	1				
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CITY+ST-ZIP		5.4 CHTY - ST - ZIP			F3 146		
TITLE	DELETE	6 1 TIILE		Change	Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
1	I						

64 CRY-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. Ffurther 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 comparation or the receiver or trusted 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 attach lient with an address:

**SIGNATURE** 

STONATURE AND TYPED OF FRINTED NAME OF SILDING OFFICER OR DIRECTO

4/24/96

904-837-9519

CR2E034 (12/95)