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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 20 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

IGNATURE:

| DOCUMENT # P95000010659 (7) THE FLYING DUTCHMAN CHARTER CO., INC. Principal Place of Business Mailing Address 108 TOLL GATE LN P 0 BOX 385 | | | | | | | | |
|--|--|--------------------------------|---|---|---|-----------------------|-------------------------------------|---|
| SLAMORADA FL 33036 JS | ISLAMORAD US | A FL 33036-03 | 185 | | | | | |
| JS | UJ | | | | 3. Date Incorporated or Qualifie 02/03/1995 | 1 | ate of Last F /18/1996 | Report |
| 2. Principa Place of Business | 2a. Mailing | Address | | | 4. FEI Number | | A | pplied For |
| 6.35 Aut + ou | 26 | Apt #, etc. | | | 65-0551064 | | | ot Applicable Additional |
| Suite, Apt. #, etc. | [27] | spr #, eic. | | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | City & S | State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 3 | 28 | | 1 6 | _, | Trust Fund Contribution | | | to Fees |
| Zq: (Court | try Zip [29] | | Country | • | 8. This corporation has liability Florida Statutes | for intangible Yes | | s. 199.032, |
| | ress of Current Registered Ag | gent | 1901 | | 10. Name and Address of New | | | |
| WIJTENBURG, OSCAR R | | | 81 | Name | | | | |
| 108 TOLL GATE LN | • | | 82 | Street Add | lress (P.O. Box Number is Not Accep | otable) | | |
| ISLAMORADA FL 33036 | 3 | | 83 | | | | | |
| | | | 63 | | | | | |
| | | | 84 | City | | Fl | 85 Zip | Code |
| office or registered agent, or the agent. Lam familiar with land ag | ccept the obligations of Section | n 607 0505 E | Canal Canal An | | | ashrui- sh | P | |
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| SIGNATURE 12. THE D WIJTENBURG, OS | OFFICERS AND DIRECTORS SCAR R | e (NO | TE Registered Age 13. 1.1 TITLE 1.2 NAME | s. ent signature requ | ared when reinstating) | | | |
| SIGNATURE 12. THE D WIJTENBURG, OS STREET ADDRESS 108 TOLLGATE IJ | OFFICERS AND DIRECTORS SCAR R | e (NO | TE Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET | s. ent signature requ f ADDAESS | ared when reinstating) | | | |
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