SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORP ANNUA	ROFIT PORATION AL REPORT 996	FLORIDA DEPARTME Sandra B. M Secretary of DIVISION OF COR	orthani EState		
DOCUN 1. Corporation (1ENT # P95000	015605 (5)			
	ISH CHARTERS, INC.			I LABOLAGO NE 1868 SIGN BIDH BOND 18	
Principal Place	of Business	Mailing Address			AL COLO. CIONE BILLE DILLE CRICE DIRECTOR
P O BOX 1796 P O BOX 1796 JACKSONVILLE FL 32201 JACKSONVILLE FL 32201					
				 Date Incorporated or Qualified 02/24/1995 	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #. etc.		59-3318496	Not Applicable \$8.75 Additional
Suite. Apt #	, etc	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under si 199 032.
24	9. Name and Address of Curren	29 30 t Registered Agent	<u>, </u>	10. Name and Address of New R	
EED	EBEE, DAVID B		81 Name		
503 E MONROE ST 82 Str				dress (P.O. Box Number is Not Accepta	hle)
JACKSONVILLE FL 32202			83		
			84 City		85 Zip Code
			'		In I
11. Pursuant t	o the provisions of Sections 607 050 points agent, or both, in the State	2 and 607, 1508, Florida Statutes, of Florida, Such change was auth	the above-named corporated by the corporate	poration submits this statement for the prior to board of directors. Thereby acceptions	it the appointment as registered
agent Lar	n familiar with, and accept the obligation	ations of, Section 607,0505, Florid	la Statutes.		
SIGNATURE	Signature its perfor per test caree of respectived a je	nt and title if applicable (NQTE)	dan darah Agani signaturi niq	aced when reinstating) ADDITIONS/CHANGES TO OFF	OATE
12.		D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
TITLE	d Ferebee, David B		1.2 NAME		
STREET ADDRESS	503 E MONROE ST		1.3 STREET ADORESS		100 H
CITY - ST - ZIP	JACKSONVILLE FL 32202		1 4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	2 1 TITLE 2 2 NAME		Onungs new man
NAME			2 3 STREET ADDRESS		
STREET ADORESS CITY-ST-ZIP	p.		2 4 CITY - ST - ZIP		
TITLE	A	DELFTE	3 I TITLE		Change () Add tion
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS 3 4 CITY - S1 - ZIP		
CITY-ST-ZIP TIFLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
TITLE NAME		LJ	5.2 NAM:		_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
STREET ADDRESS			5 3 STREET ADDRESS	,	161
CITY-ST-ZIP		···	5.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	61 TITLE 62 NAME '	3000019 -08/06/9601	13953
NAME			6.3 STREET ADDRESS	-08/06/9601 ***225.00	108044
STREET ADDRESS				₹₹₹ <u>८८</u> ७.UU	

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 1 further certify that the information indicated on this annual report or suppliemental 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 officerary director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13. I changed of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR.