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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1997 8:00am

Secretary of State

4-24.97 941-649-8489

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P95000015885 (3

**DULCINEA CHARTERS, INC.** 

SIGNATURE:

Ennoipal Place of Business Mailing Address SEE ATTACHED IRS LETTER 4 BRAMBLEWOOD POINT 4 BRAMBLEWOOD POINT NAPLES FL 34105-7111 NAPLES FL 33999 NZW Zip 3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1996 02/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEICHEN, JOHN 4 BRAMBLEWOOD PT 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 83 NEW Zip 84 City a Statutes, the above-named corporation submits this statement for the purpose of changing its registered ge was authorized by the corporation's board of directors. I hereby accept the appointment as registered 0505, Florida Statutes. 11. Pursuant to the provisions of Sections office or registered agent, or both in agent. I am familiar with, and accept to 607.0502 and SIGNATURE (NOTE Rugistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DELETÉ Change Addition 1.1 TITLE 1011 STEICHEN, JOHN D 1.2 NAME CR2E034 4 BRAMBLEWOOD POINT 13 STREET ADDRESS STREET ADDRESS NAPLES FL 23999 \_ 14/05 1.4 City - St - ZiP City-SE-ZIP Addition DELETE Change THILE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-7IF 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TILLE NAMI 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 0114-51-72 34. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TIFLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-7P 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THE NAMO 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-SI-ZF Addition DELETÉ Change 61 TITLE TILLE 6.2 NAME NAME 6.3 STREET ADDRESS STHEET ADDRESS 6.4 CLTY-ST-ZIP Deexemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the no accurate and that my signature shall have the same legal effect as if made under oath; that to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with I am an officer or director of the corporation or the receive appears in Block 12 or Block 13 if changed, or on a fatter at the corporation or the receive appears in Block 12 or Block 13 if changed, or on an att tal annual report is t ver or trustee empor