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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023491 (0)

1. Corporation Name
REVENGE CHARTERS, INC.

Principal Place of Business
111 S.W. 3RD STREET
SIXTH FLOOR MCCORMICK BLDG.
MIAMI FL 33130

Mailing Address
111 S.W. 3RD STREET
SIXTH FLOOR MCCORMICK BLDG.
MIAMI FL 33130-1826



3. Date Incorporated or Qualified 03/23/1995
3a. Date of Last Report 02/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0569541
Applied For Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, ELLIOTT
111 S.W. 3RD STREET
SIXTH FLOOR MCCORMICK BLDG.
MIAMI FL 33130

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

Signature: Type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPSD
NAME HIRSCH, HAROLD
STREET ADDRESS 111 S.W. 3RD ST. SIXTH FLOOR
CITY-ST-ZIP MIAMI FL

1.1 TITLE President & Director ☒ Change ☐ Addition
1.2 NAME Harold Hirsch
1.3 STREET ADDRESS 111 S.W. 3 Street, Sixth Floor
1.4 CITY-ST-ZIP Miami, Florida 33130

TITLE AS
NAME HARRIS, ELLIOTT
STREET ADDRESS 111 S.W. 3RD ST. SIXTH FLOOR
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P
NAME KUHN, LEANORA
STREET ADDRESS 111 SW 3RD ST, 6TH FL
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME HIRSCH, BARBARA
STREET ADDRESS 111 SW 3RD ST, 6TH FL
CITY-ST-ZIP MIAMI FL

4.1 TITLE Vice President, Secretary and Director ☒ Change ☐ Addition
4.2 NAME Barbara Hirsch
4.3 STREET ADDRESS 111 S.W. 3rd Street Sixth Floor
4.4 CITY-ST-ZIP Miami, Florida 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 (305) 358-0146

Date

Daytime Phone #

CR2E034 (9/96)