FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT

CORPORATION . ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	996	24 2 7 7	DN OF CORPO		DMS					
DOCUM	IENT # P950	000052731	(3)							
	BYTE CHARTERS, INC.									
Principal Place of	f Business	Maling Address				···· d fühleübi ota farat andu eaus	98111 38 151 89181	81318 18801 188	168 (1186 1181 1891	
5901 S.W. 74T		5901 S.W. 74TH	5901 S.W. 74TH STREET							
SUITE 302 MIAMI FL 33143		SUITE 302 MIAMI FL 33143				Date Incorporated or Qualific 07/07/1995	od 3a . Da	3a. Date of Last Report		
2. Principal Plac	on of Rusingss	Za. Ma'ling Addres	35			4 FF1 Number		T	Applied For	
2. FIIIICIPAI FIAC	e or Daginess	26				65-05980	37		Not Applicable	
Suite, Apt. #.	, etc.	Suite Apt #,	etc.			5. Certificate of Status Desired			5 Additional Required	
22		Cu P State				6. Election Campaign Financin			00 May Be	
City & State		Oity & State				Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	Zφ	ı	Country	/	This corporation has liability Florida Statutes	for intangible Yes \[\] No	tax under s	s 199.032,	
24	25 9. Name and Address of C	29 29 Agent	30	T_		10. Name and Address of No	w Registere	d Agent		
<u> </u>	y, Name and Address of Co	arrent riegistores rigori		81	Name					
PALM BEACH FL 33480 11. Pursuant to the provisions of Sections 607,0502 and 607.15			83 84 City			ration submits this statement for th	F purpose of c	hanging its	Zip Code s registered office	
or registere familiar with	of the provisions of securions our and agent, or both, in the State of his and accept the obligations of significant and accept the obligations of significant and or peak times are acceptance.	r Florida - Such change was a , Section 607.0505, Florida 6	aumorzeu by t Statutes	i ke con	poration's boa	of all contents along	ČA ⁷ F			
12.	OFFICER	S AND DIRECTORS		13.	······································	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECT		
TITLE	D Overe order E	□ DELA		1 1 111LE 1 2 NAMÉ	i			unang.	,	
NAME	RUFFE, STEVEN E % 5901 S.W. 74TH STR	HEET CHITE 200			ET ADOPESS					
STREET ADDRESS	MIAMI FL 33143	EET, OOTTE OOE		1 4 Cily -	1					
CHY-S1-ZIP TITLE	MW WHITE GOVIG	DELI		2 1 Jily				Change	e 🔲 Addition	
NAME				2 2 NAME	:					
STREET ADDRESS			- 1	23 S'RE	FI ADORESS					
CITY-ST-ZIP				2 4 CHFY				[] Chang	ge 🔲 Addition	
TITLE		☐ DEL		3 1 1 I I I I 3 2 NAMI						
NAME					EE1 ACORESS					
STREET ADDRESS				3 4 CITY						
CITY-ST-ZIP TITLE		DEL		4 1 TiTL				Chang	ge 🔲 Addition	
NAME		-		4.2 NAM	ıi.					
STREET ADDRESS				4 3 STPE	E1 ADORESS					
CITY-S1-ZIP					- ST - ZIP			F1 / harri	no Madilino	
TITLE		☐ DEI	£1£	5 I TITL				Chang	ge 🔲 Addition	
NAME				5.2 NAM						
STREET ADDRESS			ŀ		EET AUDRESS					
CITY - ST - ZIP		DEI	FIF	5 4 CITY 6 1 THU	r ST-ZIP	000001	864		ge 🔲 Addition	
TITLE				6.2 NAV		-06/18/96	01010	-050		
NAME	i			OF HAVE		20, 22, 22				

14. If 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. If or the 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 certify that the information 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:

SIGNATURE AND TYPEO OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

Control of the exemption stated in Section 119.07(3)(k), Florida Statutes. If or the exemption stated in Section 119.07(3)(k), Florida Statutes. If or the certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under coath that it is not officed in the composition 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 TYPEO OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

6.3 STREET AUDRESS

STREET ADDRESS

***200.00