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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

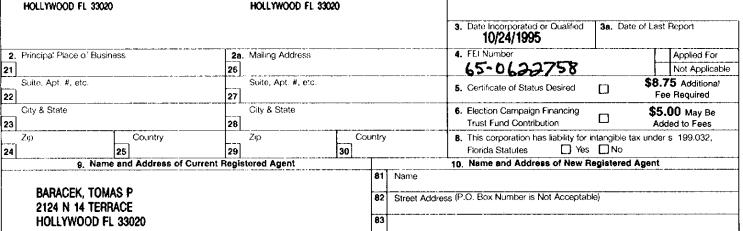
1996

P95000083118 (6)

DOCUMENT #  1. Corporation Name	P95000083118	(6)
UNLIMITE:D CHARTE	ER SERVICES, INC.	

Principal Place of Business 2124 N 14 TERRACE Mailing Address

2124 N 14 TERRACE HOLLYWOOD FL 33020



1. 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 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.

City

	signature, typed or printed name of registered agent and tric		E: Registered Agrint signature required		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ט	☐ DELE1E	1. 1 TITLE	☐ Change	■ Addition
NAME	BARACEK, TOMAS P		1.2 NAME		
STREET ADDRESS	2124 N 14 TERRACE		13 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		14 CITY - ST - ZIP		
TITLE		DELETE:	2 1 TITLE	Change	■ Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST- ZIP			2.4 CITY - ST - ZIP		
TIFLE		DELETE:	3 1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
C(1) - ST - ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TiTLE		☐ DELETE	5 1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CrTY-ST-ZiP			5 4 CITY - ST - 7IP		
TITLE		DELETE	6. 1 TITLE	☐ Change	Addition

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. 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-ohanged, or on an attachment with an address.

6.2 NAME

63 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE: X

NAME STREET AODRESS

CITY-ST-ZIP

GONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

305 926-9435

Daytime Prione #

85

Zip Code

CR2E034 (12/95)