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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094355 (1)

COME ON DOWN CHARTERS, INC.

FILED Apr 28 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				I ARRIADA (18 ISIB) DIJI BOMI BOMI BOMI BOMI BOMI BOMI DI TIBI DI INI DIM BIH I DA			
•		P.O. BOX 522446							
HOLIDAY INN MARATHON & MARINA IMM 84 US HWY ONE MARATHON FL 33050		MARATHON SHORES FL 33052-2446							
		U\$					<b>.</b>		
						3. Date Incorporated or Qualified 12/11/1995	3a. Date   03/08/		eport
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number			pliod For
21		[26]				65-0629206			t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27						Fee Re	
City & Stat	ө	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
23		28				Trust Fund Contribution	<u> </u>		- :
Zip	Country	Ζφ 123	Cour	пцту		8. This corporation has liability for in florida Statutes	jtangible tax Yes ☐ f		199.032,
24	25 Name and Address of Curren	29	30			10. Name and Address of New Reg			
041	<del></del>	it negistered Agent		81	Name	10. 11			
	IMEISTER, JAMES W						<del> </del>		
	54 US HWY ONE			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
MAY	RATHON FL 33050			83					
									<del></del>
				84	City		FL <sup>l</sup>	<b>Z</b> ip (	Code
11 Purcuent	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	tes the ab	] 20ve	-named corpo	oration submits this statement for the pi			s registered
office or agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig-	of Florida, Such change was ations of, Section 607.0505, F	authorized Iorida Stati	d by utes	the corporation	oration submits this statement for the pr on's board of directors. Thereby accep	t the appoin	lmönt as	registered
SIGNATURE	Signature, typed or printed name of registered agu	uni and title it accordable (NO	1. Registered	l Auci	rt signature require	ed when reinstational	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOF	IS IN 12
TITLE	OP	DETETE 11		1 1 1ITLE				Change	Addition
NAME	BAUMEISTER, JAMES W		12 NA	ME					-
STREET ADDRESS	P O BOX 522448 N/A		1.3 \$1	3 STREET ADDRESS					
CITY-ST-ZIP	MARATHON SHORES FL 3305	i2	1.4 CHY-S1-ZIP		1 - ZIP				
TITLE	<b>DVTS</b> DELETE		2110	l ( f				Change	Addition
NAME	BAUMEISTER, CATHERINE	221		2 2 NAME					
STREET ADDRESS	P O BOX 522446 N/A		238/		ADURUSS				
CITY-ST-ZIP	MARATHON SHORES FL			11Y-S	S1 - ZIP				<del></del>
TITLE	DELETE 3		3 1 7 (1	3 1 7/11/6			L	Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 ST	REE1.	ADDRESS				
CITY-ST-ZIP				3.4. C(1) + S1 - Z(P				T ca	
TITLE			- 1	4.1 TITLE			L.	Change	☐ Addition
NAME	1		4.2 N/	AM:					
STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP					1 ZiP			1 01	The Control
TITLE				5 1 TITLE		·	L_	Change	☐ Addition
NAME			5.2 N/						
STREET ADDRESS					ADDRESS				
CffY-Sf-Z#P				4 CITY - ST - 715				Chessa	Madition
TITLE				1 1 I I L E			L.,	Change	Addition
NAME			£.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		- <del> </del>	£.4 CI	TY - 5	T - ZIF	Lis Carrier 110 07/00/0 Flacida Contra	. I Curths		the a

t op nereby 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.

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