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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095240 (4)

RICH CHARTERS, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



							INION NOTED KINDAR ONDER CONTRACTOR
Principal Place of Business Mailing Address							
LORELEI RESORT, MILE MARKER 82 ISLAMORADA FL 33036 US			P.O. BOX 888 ISLAMORADA FL 33036 US		DO NOT WRITE IN THIS SPACE		
00			U3			3. Date Incorporated or Qualified	
						12/13/1995	
2. F	Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21			26		65-0636542	Not Applicable	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22	<del></del>		27		5. Certificate of Status Desired	Fee Required	
	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	•		28			Trust Fund Contribution	Added to Fees
	ip.	Country	Zip	Country		8. This corporation owes or has paid the c	
24		25	29	10		Personal Property Tax due June 30.	Yes 🗶 No
		9. Name and Address of Curren				10. Name and Address of New Registere	
	HELL	MUTH, RICHARD	···········	81	Name		
211 MOHAWK ST				00	Oter et 6 de	December in New Assessments	
PLANTATION KEY FL 33070				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
				83	<u> </u>		<u> </u>
				84	City		as Zin Codo
				**	City	F	L 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 typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE  OPENSIONATURE							
12.	Sig	nature typed or printed name of registered age Of FICERS AND		13.	en! signature requ	Jired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTORS IN 40
TITLE	T	n or reens and	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	ì	HELLMUTH, RICHARD		1.2 NAME			
		ALL MOUNTS OT		1			
	DI ANTATIONI MEV EL 20070				ADDRESS		
TITLE	ST-ZIP	·		1.4 CITY - S 2.1 TITLE	51-211		Change Addition
NAME		<b>1</b>		4			Onlonge Auguston
	+			2.2 NAME			
	EET ADDRESS			2.3 STREET	ì		
TITLE	(-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			Change Addition
NAME	1		ب مدرداد				
				3.2 NAME	t ADDDCCC		
	T ADDRESS			3.3 STREET			
	ST-ZIP		DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		Change Addition
TITLE			[_] DULLIE	4.1 THE			C Augusta C Manithii
	T ADDRESS				ADORESS		
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TITLE	-		ال المدداد	L	ļ		L onange L Moutton
NAME				5.2 NAME	I ADDOCCO		
	T ADDRESS			5.3 STREET			
	ST-ZIP		DELETE	5.4 CITY - 5	ST- ZIP		Change Addition
TITLE			☐ DETENT	6.1 TITLE			Change Addition
NAME				6.2 NAME	-		
Į į	T ADDRESS			6.3 STREET	4		
CITY-	ST-ZIP			6,4 CITY - 9	ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 receive 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 on an attractment with a address.