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

PROFIT **CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attaching



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOGUMENT #

1. Corporation Name P95000097696 (5)

LADY XANADU CHARTERS, INC.

Principal Place of Business Mailing Address 25 2ND STREET 8TE 120 25 2ND STREET STE 120 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 12/22/1995 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 25 2ND ST. 25 2ND ST. 59-3358502 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing ST. ETERSBURG Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRYER, JOAN M 25 2ND STREET STE 120 Street Address (P.O. Box Number is Not Acceptable) 25 2ND ST. N STE 200 82 ST. PETERSBURG FL 33701 83 84 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD DELETE Change Addition TITLE 1.1 TITLE NAME FRYER, JOAN M 1.2 NAME STREET ADDRESS **25 2ND STREET STE 120** 1.3 STREET ADDRESS 25 2NO ST.N, STE 200 ST. PETERSBURG FL 33701 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE NAME 4.2 NAME **STREET ADDRESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

with an address