

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

FILED  
Aug 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # AMENDED  
1. Corporation Name P96000012432(6)  
SPECIALTY CHARTERS & EVENTS, INC.

Principal Place of Business	Mailing Address
P.O. Box 330008 Miami, FL. 33233	P.O. Box 330008 Miami, FL. 33233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 P.O. Box 11284	26 P.O. Box 11284	2/5/96	59-3357088	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 Tampa, FL. 33680	28 Tampa, FL. 33680	Trust Fund Contribution <input type="checkbox"/>		
Zip Country	Zip Country	8. This corporation owes or has paid the current year Intangible		
24 33680 25 US	29 33680 30 US	Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Barbara Bunting 1910 Rambling Lane Brandon, FL. 33511	81 Name Barbara Bunting 82 Street Address (P.O. Box Number is Not Acceptable) 10211 Merrimac Manor Drive 83 84 City Riverview FL 85 Zip Code 33569

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 Barbara Bunting DATE 6/24/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/Sec-Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Bunting	1.2 NAME	Barbara Bunting
STREET ADDRESS	1910 Rambling Lane	1.3 STREET ADDRESS	10211 Merrimac Manor Dr.
CITY-ST-ZIP	Brandon, FL. 33511	1.4 CITY-ST-ZIP	Riverview, FL. 33569
TITLE	VPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Holman	2.2 NAME	David Thorpe
STREET ADDRESS	3135 Gifford Lane "C"	2.3 STREET ADDRESS	2555 Sweetgum Way West
CITY-ST-ZIP	Miami, FL. 33133	2.4 CITY-ST-ZIP	Clearwater, FL. 33761
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	500002608535 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-08/05/98--01099--041
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 on an attachment with an address.

SIGNATURE: Barbara Bunting 6/24/98 (813) 672-2575  
PE  
8-5

CR2E034 (10/97)