

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

FILED

May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000015642 (7)

1. Corporation Name

AQUAVENTURE CHARTER, INC.

Principal Place of Business

11246 VILLAGE GREEN CT.
SEMINOLE FL 34842

Mailing Address

11246 VILLAGE GREEN CT.
SEMINOLE FL 33772-2914

3. Date Incorporated or Qualified 02/16/1996
3a. Date of Last Report

2. Principal Place of Business

21 111-108 Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 111-108 Ave.
Suite, Apt. #, etc.

4. FEI Number 59-8367446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22 City & State
23 Treasure Isl. FL
24 Zip 33706
25 Country US

27 City & State
28 Treasure Isl., FL
29 Zip 33706
30 Country US

9. Name and Address of Current Registered Agent

MCKENZIE, MICHAEL
11246 VILLAGE GREEN CT.
SEMINOLE FL 34842

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Treasure Isl. FL 85 Zip Code 33706

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCKENZIE, MICHAEL K	
STREET ADDRESS	11246 VILLAGE GREEN CT.	
CITY - ST - ZIP	SEMINOLE FL 34842	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAFER, BENJAMIN C	
STREET ADDRESS	12803 HARBORWOOD DR.	
CITY - ST - ZIP	LARGO FL 34844	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZANDT, STEPHANIE V	
STREET ADDRESS	12803 HARBORWOOD DR.	
CITY - ST - ZIP	LARGO FL 34844	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENZIE, KARLA J	
STREET ADDRESS	11246 VILLAGE GREEN CT.	
CITY - ST - ZIP	SEMINOLE FL 34842	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	491 Crystal Dr
1.4 CITY - ST - ZIP	Madeira Bch, FL 33708
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	491 Crystal Dr
4.4 CITY - ST - ZIP	Madeira Bch, FL 33708
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE:

Karla J McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

(813) 3603483

CR2E034 (9/96)