SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000018589 (7)

FILED Aug 26 1998 8:00am Secretary of State

	ALES CHARTERS, INC.						
·	ce of Business	Mailing Address			*	8134 11991 19191 91191 1911 1911 1911	
121 PALERMO DRIVE 121 PALERMO DRIVE ISLAMORADA FL 33036 ISLAMORADA FL 33036							
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified		
2 Principal F	Place of Business	2a. Mailing Address			02/26/1996 4. FEI Number	Applied For	
	21) Whole Harbor Marina 26				65-0650082	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
27 PO BOX (0)			<u>[(0)]</u>		5. Certificate of Status Desired	Fee Required	
City & Sta		City & State	۸ _	'I	6. Election Campaign Financing	\$5.00 May Be	
23 T.6\0	amorada FL Country	28 Islamoro	Cour	<u> </u>	Trust Fund Contribution	Added to Fees	
Zip 24 ろろの	360 25 MONTOR	zip 29 33036		phras—	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes O No	
<u> </u>	9. Name and Address of Current		1301	<u> </u>	10. Name and Address of New Register		
THO	DMES, TIMOTHY N	X		81 Name			
99198 OVERSEAS HIGHWAY				82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 8							
KEY	' LARGO FL 33037		ſ	83			
			-	84 City		85 Zip Code	
						- L _	
11. Pursuan office or	nt to the provisions of sections 607.0502 registered agent, or both, in the State i	and 607.1508, Florida Statute of Florida, Such change was	es, the abo	ve-named corpo	ration submits this statement for the purpose con's board of directors. I hereby accept the ap	of changing its registered	
agent. I	am familiar with, and accept the obliga	tions of, section 607.0505, Fi	orida Statu	ites.	on a bound of ungotore. Thoroby accopt the up	pontarion do registeres	
SIGNATURE	Signature, typed or printed name of registered agent	and title Manufacture (A)	O15 : Benister	of Secondarion stores	of ut when reinstating) DAT		
12.	OFFICERS AND		13.	so Agent algnature requ	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D						
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NAME	ALLEN, CHARLES R	DELETE	1.1 TITL 1.2 NAM	j	ADDITIONS STANDED TO OTH DEAD	Change Addition	
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	ALLEN, CHARLES R	L DELETE	1.2 NAM 1.3 STR	ME	ADDITION OF THE PARTY OF THE PA		
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a memory centry that the information supplied with this lifting does not quality for the exemption stated in section 119.07(3)[i], Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 the authority and displayed.

305-664-0050