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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000019846

1. Corporation Name

ALVRIAN CHARTERS, INC.

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90016 019 \*\*\*150.00

7.27777									
Principal Place	e of Business	Mailing Address							
2605 MANASOTA BEACH RD.		2605 MANASOTA BEACH RD.							
		ENGLEWOOD FL 34223				DO NOT WRITE II	N TUIC C	PACE	
						3. Date Incorporated or Qualified	N Inio or	-ACL	7
						02/29/1996			ļ
6 D: : ID	(B)	2- Mailing Addross	.,.			4, FEI Number		ΙΔn	plied For
<b>—</b>	face of Business	2a. Mailing Address				65-0659612			t Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.						\$8.75	
	#, etc.	27				5. Certifcate of Status Desired	]	Fee Re	I
City & State	e	City & State				6. Election Campaign Financing	•	\$5.00	Mav Be
23	-	28				Trust Fund Contribution	J	Added t	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current y	year Intan	gible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regis	stered Ag	ent	
				81	Name				
	N, ALAN			82	Street Ad	idress (P.O. Box Number is Not Acceptable)	1		
	42ND ST. WEST								
BRADENTON FL 34205				83					
				84	City	-10-1	1	85 Zip (	Code
					•		FL		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the a	bove-	named co	propration submits this statement for the purpation's board of directors. I hereby accept the	oose of ch	anging its	registered distered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stati	utes.	ia corpora	ation's board of directors. Thereby accept un	с арроппа	110111 40 10	9,0.0.00
SIGNATURE	, ,								
SIGNATURE	Signature, typed or printed name of registered age			Agent s	signature requ	and the state of t	DATE	DIDECTO	20.0140
12.		ND DIRECTORS	13.		lé?	ADDITIONS/CHANGES TO OFFICE		Change	Addition
TITLE	PSD	<b>☼</b> DELETE	1.1 TI		<u> </u>	DV			E Addition
NAME	GWENNETH S RAY		1.2 N	AME			/ X 1 (47.65)		
STREET ADDRESS	2605 MANASOTA BEACH RD				19	WENNETH S. RECHSTE	NER		
CITY-ST-ZIP						605 MANASOTH BEACH	Rel		
TITLE	ENGLEWOOD FL 34223	C priest	1.4 CI	ITY-ST-Z		COSMANASOTA BEACH COSMANASOTA BEACH CHECKWOOD E 342	- Rel 23		Addition
NAME	ENGLEWOOD FL 34223	☐ DELETE	1.4 CI 2.1 TI	ITY-ST-Z		605 MANASOTH BEACH	- Rel 23	Change	Addition
	ENGLEWOOD FL 34223	☐ DELETE	1.4 CI 2.1 TI 2.2 N/	ITY-ST-Z ITLE AME	ZIP C	605 MANASOTH BEACH	- Rel 23		☐ Addition
STREET ADDRESS	ENGLEWOOD FL 34223	☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 ST	ITY-ST-Z ITLE AME TREET A	ZIP C	605 MANASOTH BEACH	- Rel 23		Addition
CITY-ST-ZIP	ENGLEWOOD FL 34223		1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C	ITY-ST-Z ITLE AME TREET A CITY-ST-	ZIP C	605 MANASOTH BEACH	+ Rel 23	Change	
	ENGLEWOOD FL 34223	☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI	ITY-ST-2 ITLE  AME  TREET A  CITY-ST-	ZIP C	605 MANASOTH BEACH	+ Rel 23		
CITY-ST-ZIP	ENGLEWOOD FL 34223		1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV	ITY-ST-Z ITLE AME TREET A CITY-ST- ITLE AME	ZIP CADDRESS - ZIP	605 MANASOTH BEACH	+ Rel 23	Change	
CITY-ST-ZIP TITLE	ENGLEWOOD FL 34223		1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1	ITY-ST-Z ITLE AME TREET A CITY-ST- ITLE AME TREET A	ADDRESS -ZIP	605 MANASOTH BEACH	+ Rel 23	Change	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	ENGLEWOOD FL 34223	☐ DELETE	1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 . C 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TI 5.1 TI 7.5 TE 7.	ITY-ST-ITLE  AME TREET A CITY-ST- ITLE  AME TREET A CITY-ST- ITLE  JAME TREET A A ITY-ST-ITLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	605 MANASOTH BEACH	+ Ref 23 [	Change	Addition -
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ENGLEWOOD FL 34223	☐ DELETE	1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4. CC 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 N	ITY-ST-Z ITLE  AME  TREET A CITY-ST- ITLE  VAME  TREET A A ITY-ST- ITLE  VAME  TREET A A ITY-ST- ITLE  VAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	605 MANASOTH BEACH	+ Ref 23 [	Change Change	Addition -
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ENGLEWOOD FL 34223	☐ DELETE	1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 6.1 TT 6.2 NV 6.3 ST 5.4 CC 6.1 TT 6.1 TT 6.2 NV 6.3 ST 5.4 CC 6.1 TT 6.1 TT 6.2 TT 6.1 TT 6.1 TT 6.2 TT 6.1 TT 6.1 TT 6.1 TT 6.2 TT 6.1 TT 6.1 TT 6.1 TT 6.2 TT 6.1 TT 6.	ITY-ST-: ITTLE  AME TREET A  TREET A  AME TREET A	ADDRESS ADDRESS ADDRESS ZIP ADDRESS	605 MANASOTH BEACH	+ Red 2-3	Change Change	Addition -
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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 1 CITY-ST-ZIP

SIGNATURE:

03-01-99