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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028204 (1)

LACE CHARTERS, INC.

Principal Place of Business Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



Principal Pino	a of Business	Mailing Address		
, ·				
3280-88A SOUTH SHORE DRIVE 3280-88A SOUTH SHORE DRIVE PUNTA GORDA FL 33955 PUNTA GORDA FL 33955				
TOMA COMPATE 60000		TOMIN GONDA TE 30900		DO NOT WRITE IN THIS SPACE
				Date Incorporated or Qualified 04/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0675921 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution L Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 25 Curr	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
FILINGS, INC.			["] [Nai	CAROL PARSONS
3732 N.W. 18TH STREET			82 Stre	et Address (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33311			63	280-88A SOUTH SHORE DR.
			63	
			84 City	PUNTA GORDA FL 85 Zip Code 33955 ed corporation submits this statement for the purpose of changing its registered
44 Durougat	to the provinces of Sections CO.7.0	600 and 607 1500 Florida 0	at don the obe a new	PUNTA GORDA FL 33955
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 a	egent and title if applicable	(NOTE: Registered Agent signs	PRESIDENT 4-13-98 ture required when reinslating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D D	☐ DELETE	1.1 TITLE	Change Addition
NAME	PARSONS, CAROLE B		1.2 NAME	
STREET ADDRESS	3280-88A SOUTH SHORE I	DKIVE	1.3 STREET ADDRES	S
CITY-ST-ZIP	PUNTA GORDA FL 33955		1.4 CITY - ST - ZIP	
TITLE		☐ DELETE	2 1 TITLE	Change Addition
NAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRES	SS
CITY-ST-ZIP		- Octobre	2. 4 CITY - ST - ZIP	
TITLE		☐ OELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRE	SS
CITY-ST-ZIP		DELETE.	3.4. CITY - ST- ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	S
CITY-ST-ZIP		DELTYE	4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change L Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	
CITY-ST-ZIP		T DELFA	5.4 CITY-ST-ZIP	Plat Plate
TITLE		DELETE	6.1 TIFLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	S
CITY-ST-ZIP			6.4 CITY - ST - ZIP	<u> </u>

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, or on an attachment with an address.

Comment Come & Para Li MARINE & PROCERCE History Och 120 ----