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CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051171 (2)

SPEER-IT CHARTERS, INC.

Principal Place of Business Mailing Address 5294 BOCA MARINA CIRCLE 5294 BOCA MARINA CIRCLE **BOCA RATON FL 33487 BOCA RATON FL 33487**

FILED Apr 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0671475 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRENDLE, STEPHEN J. 81 Name **5294 BOCA MARINA CIRCLE** 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 83 84 City Zip Code 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. (NOTE: Registered Agent signature required when roinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. THE DELETE 1.1 TITLE BRENDLE, STEPHEN NAME 1.2 NAME **5294 BOCA MARINA CIRCLE** STREET ADDRESS 13 STREET ADDRESS **BOCA RATON FL** 1.4 CiTY-ST-ZIP CITY-ST-ZIE DELETE Change Addition TITLE 21 TITLE BRENDLE, TONI 2 2 NAME **5294 BOCA MARINA CIRCLE** 2 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY -ST-7IP 3.4. CITY - \$1 - ZIP DETETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-S1-ZIP DELFTE Change Addition THILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREFT ADDRESS CHY-\$1-70P 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 61 THE NAME 6.2 NAME 6.3 STREET ADDRESS STHEET ADDRESS CHY-ST-ZIP

14. Thereby 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 of 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 chapter 6, or or an attaching with a address.

SIGNATURES