

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056749

1. Corporation Name

Captivity Charters, Inc
5937 Golden Eagle Circle
Palm Beach Gardens, FL 33418

Principal Place of Business

5937 Golden Eagle Cir
Palm Beach Gardens, FL
33418

Mailing Address

5937 Golden Eagle Circle
Palm Beach Gardens, FL
33418

3. Date Incorporated or Qualified

7/3/1996

3a. Date of Last Report

2. Principal Place of Business

21 State Apt # etc

2a. Mailing Address

26 State Apt # etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kaczor, Christopher J.
5937 Golden Eagle Circle
Palm Beach Gardens, FL 33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 authorized to accept the appointment as registered agent of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1 NAME Kaczor, Christopher J
1 STREET ADDRESS 5937 Golden Eagle Circle
1 CITY, ST, ZIP Palm Beach Gardens, FL 33418

2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP
3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP
4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP

5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP
6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP
7 NAME
7 STREET ADDRESS
7 CITY, ST, ZIP

8 NAME
8 STREET ADDRESS
8 CITY, ST, ZIP
9 NAME
9 STREET ADDRESS
9 CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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(2)(a), 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 in person with me in Black or Black 11. I changed or am an appointment with an address.