


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90067 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																													
DOCUMENT # P9600001681																																																																																																																																																															
1. Corporation Name GETAWAY CHARTERS INC.																																																																																																																																																															
Principal Place of Business 18400 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931		Mailing Address 18400 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931																																																																																																																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																																																																																																													
9. Name and Address of Current Registered Agent PITTS, ROBERT E. 18400 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931		10. Name and Address of New Registered Agent 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 607.1506, 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: Robert Pitts DATE: 5-12-99 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>DELETED</td> </tr> <tr> <td>NAME</td> <td>ROBERT E. PITTS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11481 REBECCA CIR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. MYERS BEACH, FL 33931</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>DELETED</td> </tr> <tr> <td>NAME</td> <td>JUDITH A. PITTS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11481 REBECCA CIR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. MYERS BEACH, FL 33931</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>DELETED</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>DELETED</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>DELETED</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D	DELETED	NAME	ROBERT E. PITTS		STREET ADDRESS	11481 REBECCA CIR.		CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		TITLE	D	DELETED	NAME	JUDITH A. PITTS		STREET ADDRESS	11481 REBECCA CIR.		CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		TITLE		DELETED	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		DELETED	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		DELETED	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		1.1 TITLE		Change	Addition	1.2 NAME				1.3 STREET ADDRESS				1.4 CITY-ST-ZIP				2.1 TITLE		Change	Addition	2.2 NAME				2.3 STREET ADDRESS				2.4 CITY-ST-ZIP				3.1 TITLE		Change	Addition	3.2 NAME				3.3 STREET ADDRESS				3.4 CITY-ST-ZIP				4.1 TITLE		Change	Addition	4.2 NAME				4.3 STREET ADDRESS				4.4 CITY-ST-ZIP				5.1 TITLE		Change	Addition	5.2 NAME				5.3 STREET ADDRESS				5.4 CITY-ST-ZIP				6.1 TITLE		Change	Addition	6.2 NAME				6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			
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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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Pitts**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

445-99 941-466-6330
Date Daytime Phone

CR2E034 (1/98)