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

PROFIT CORPORATION ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000002623**1. Corporation Name

FOXSEA CHARTERS, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90002 021 ***150.00



Principal Place	of Business	Mailing Address							•	
1409 SE 1ST A	VE.	1409 SE 1ST AVE.								
FORT LAUDERDALE FL 33316		FORT LAUDERDALE FL 33316				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				1
						01/10/1997				
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	1
21		26				65-0727797		N	ot Applicable_	_==
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional	
22		27				5. Controlle of Status Booking		Fee R	equired	-
City & State		City & State	<u>⊢</u> , '			6. Election Campaign Financing		•	May Be	ļ
23		28	Cou	intry		Trust Fund Contribution			to Fees	1
Zip	Country	Zip	30	ны у		 This corporation owes the current yearsonal Property Tax. 		igible] Yes	Mo	
24	9. Name and Address of Currer		30	1		10. Name and Address of New Regist		_		1
	5. Name and Address of Curren	it registered Agent		81	Name			-		
LEVI	TT, PRESTON C					to a CO Constitution in Not Assertable				1
8211	WEST BROWARD BLVD. PENT	HOUSE 4		82	Street Add	tress (P.O. Box Number is Not Acceptable)				
Plai	NTATION FL 33324	•		83						1
				-	C:b:			os Zin	Code	ł
				84	City		FL	85 Zip	Oode	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the a	bove	-named cor	poration submits this statement for the purpo	ose of ch	nanging it	s registered]
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	ida Stat	utes.	ine corporai	ion's board of directors. I hereby accept the	аррони	nent as i	egistoreo	}
SIGNATURE	, , ,					_				1
	Signature, typed or printed name of registered age			Agent	signature requir	ADDITIONS/CHANGES TO OFFICE	TE AND	DIRECT	ODS IN 12	6
12.	OFFICERS AN	ID DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICE		Change		🖫
TITLE	LITRIDES, JAMES S		1.1 TITLE 1.2 NAME							
NAME	1409 SE 1ST AVE.		1.3 ST							}
STREET ADDRESS	FORT LAUDERDALE FL 33316									5
CITY-ST-ZIP	7 0111 01000110110110110110110	DELETE 2.1 TIT						Change	☐ Addition	7
NAME			2.2 NA		ļ					
STREET ADDRESS	-		235]	TREET	ADDRESS			<u></u>		-
CITY-ST-ZIP			2.4 C	ITY-S	T-ZIP					1
TITLE		☐ DELETE	3.1 ∏	TLE				☐ Change	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	·	 	_	ITY-S	T-ZIP			F7 C	["] A 44H	$\frac{1}{2}$
TITLE		☐ DELETE	4.1 TI					Change	Addition	
NAME			4.2 N		İ					1
STREET ADDRESS					ADORESS					}
CITY-ST-ZIP		☐ DELETE		1TY-ST	r-zip			Change	Addition	1
TITLE		□ DETEIE	5.1 TI 5.2 N							
NAME			1		ADDRESS					
STREET ADDRESS				ITY-ST						
CITY-ST-ZIP TITLE		DELETE	6.1 Ti					☐ Change	☐ Addition	1
NAME			6.2 N	AME				-		
STREET ADDRESS			6.3 S	TREET	ADDRESS		•			
SINCE I ADDRESS	· ·			mv 61	i					

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 of 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 changed of an attachment with an address, with all other like empowered.

SIGNATURE:

954.522.5040