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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000018514**1. Corporation Name

FUN IN THE SUN CHARTERS INC

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90128 021 ***150.00



Principal Place of Business	Mailing Address			81 IJBOT JOSÉS BÍSÓS SIBIS SEDE SÓDE
940 NE 20TH AVE 940 NE 20TH AVE				
FT LAUDERDALE FL 33304	FT LAUDERDALE FL 33304		DO NOT WINTE IN TH	UE EDACE
			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	
			02/24/1997 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address	4 7		Not Applicable
21 2321 SW 56 Terr.	26 Z3Z1 SW 5 4 ⁷ Suite, Apt. #, etc.	- Terr.	65-0734272	\$8.75 Additional
Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required
22	City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	28 Hollywood . F.	,	Trust Fund Contribution	Added to Fees
23 Hollywood, FL Country	Zip Zip	Country	8. This corporation owes the current year	Intangible
¬ = '	29 33023 30	Broward	Personal Property Tax.	X Yes □No
24 33023 25 Browa rd 9. Name and Address of Curre		10000	10. Name and Address of New Registere	ed Agent
5. Hallie and Addiess of Garre		81 Name		,
PERUSSO, APARECIDA			(D.O. B N have in Not Acceptable)	
940 NE 20TH AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33304		83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		84 City	luusood F	L 85 Zip Code 33023
11. Pursuant to the provisions of Sections 607.05	02 and 607 4508 Florida Statutes	the above named cor	phration submits this statement for the nurnose	of changing its registered
office or registered agent or both in the State	ot Florida. Such change was auto	iorized by the corbolat	ion's board of directors. I hereby accept the app	pointment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes.	<u>-</u> /_	La
SIGNATURE	Aparecida	Perusso gistered Agent signature requi	red when reinstation) DATE/	/97
Signature typed or printed name of registered ago	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE		Change Addition
PER 1000 ADAREOIDA		1.2 NAME	aul Johnson	
		1.3 STREET ADDRESS	aul Johnson 1321 Sw54th Terr	
NI MANU DEACH EL 00470		1.4 CITY-ST-ZIP	follywood, FL 3302	3
	☐ DELETE	2.1 TITLE	01170000,	☐ Change ☐ Addition
TITLE		2.2 NAME		<u> </u>
NAME		2.3 STREET ADORESS	وحجيد	
STREET ADDRESS		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	3.1 TITLE		Change Addition
TITLE		3.2 NAME		
NAME		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP	[] DELETE	3.4. CiTY-ST-ZiP 4.1 TITLE		Change Addition
TITLE		4.1 HILE 4.2 NAME		
NAME				
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		☐ Change ☐ Addition
TITLE	C) DETCIE	5.2 NAME		_
NAME		5.3 STREET ADDRESS		
STREET ADDRESS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		6.2 NAME		
NAME		t		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 of 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: