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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033488 (2)

CORAL ISLAND CHARTERS, INC.

FILED Jul 09 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address									- i samigas isa sami sami abin bahi bahi sami sami sami sami bitas inina nini bida ibidi ibidi ibis ibis ibidi			
6508 WINDING LAKE DR 6508 WINDING LAKE DR						R						
JUPITER FL 33458 JUPITER FL 33458										DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified		
										04/11/1997		
2. Principal F	Place of Busin	}	2a. Mailing Address						4. FEI Number Applied For			
Suite, Apt #, etc.				26 P.O. Box 2913 Suite, Apt. #, etc.						65-0750576 Not Applica		
22	W, G (C).	2.	27						5. Certificate of Status Desired See Required Fee Required	İ		
City & Stat	le		City & State						6. Election Campaign Financing \$5.00 May Be			
23				28 Jupiter, FL						Trust Fund Contribution Added to Fees		
Zip		Country		Zip		\vdash	unir			8. This corporation owes or has paid the current year Intangible		
24	25 A Marrie and Address			29 33468 30			USA			Personal Property Tax due June 30. Yes No		
9, Name and Address of Current Registered Agent N/CC MADECIA A 81 Name								Name	10. Name and Address of New Registered Agent			
IVES, VARESHA A							Name					
6508 WINDING LAKE DR JUPIT E R FL 33458							82	Street	Addres	ess (P.O. Box Number is Not Acceptable)		
JUPITEN PL 33436							83					
							0.4	C4.				
							84	′		FL 85 Zip Code]	
11. Pursuant	to the provisi	ions of Sections	607.0502 and	607.1508, F	lorida Statu	ites, the a	ibov	e-named	corpor	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	ed	
agent. f a	ım f am iliar wi	th, and accept t	he obligations	of, Section 6	807.0505, F	lorida Sta	itute	S.	poration	on a board of directors. I hereby accept the appointment as registered	,	
SIGNATURE Vareshalves Signature, typed or printed name of registered agent and title if professible (NOTE: Registered Agent signature required when rel									4-12-98	_		
12,								ont signature	e required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	0111041070			DELETE			ITLE		Pa		ion	
NAME						1.2 N	IAME		Jan	mes I. mauney (P) Licharge El Adolt mes I. mauney (P) Licharde El Adolt mes I. mauney (P)		
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CITY-ST-ZIP				1.4 (HY-5	31-21P	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Upikr, FL 33458		
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CITY-ST-ZIP	ZIP							ST-ZIP	10	pikr, FL 33458		
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NAME						6.2 N				300002587653 -07/14/9801005049		
STREET ADDRESS								ADDRESS		-07/14/3801005943 ***150.00		
CITY-ST-ZIP	ertifu that the	information cu	autiod with this	Idina doce r	ot avalify f		TY-S		d in So	本本計画 ULI Section 119 07/2Vi) Florida Statutos Liberthay perific that the information		

indicated on this annual report or supplied with this limit does not quality 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.

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