

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000047471 (2)

1. Corporation Name

BLUE TAIL CHARTERS, INC.



Principal Place of Business

13712 SW 147 CIRCLE LANE UNIT 3
MIAMI FL 33175

Mailing Address

13712 SW 147 CIRCLE LANE UNIT 3
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 13712 SW 147 CIRCLE/LANE

Suite, Apt. #, etc.

22 3

City & State

23 Miami FL

Zip

24 33186

Country

25 USA

2a. Mailing Address

26 13712 SW 147 CIRCLE/LANE

Suite, Apt. #, etc.

27 3

City & State

28 Miami FL

Zip

29 33186

Country

30 USA

9. Name and Address of Current Registered Agent

LICKO, GARY A
8817 SW 131 STREET
MIAMI FL 33176

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HAINES, MICHAEL G
STREET ADDRESS 13712 SW 147 CIRCLE LANE UNIT 3
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE D
NAME HAINES, MARCIA A
STREET ADDRESS 13712 SW 147 CIRCLE LANE UNIT 3
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition
12 NAME HAINES, MICHAEL G
13 STREET ADDRESS 13712 SW 147 CIRCLE LANE UNIT 3
14 CITY-ST-ZIP MIAMI FL 33186

21 TITLE D ☒ Change ☐ Addition
22 NAME HAINES, MARCIA A
23 STREET ADDRESS 13712 SW 147 CIRCLE LANE UNIT 3
24 CITY-ST-ZIP MIAMI FL 33186

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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.

SIGNATURE: [Signature] (Typed Name: [Name])

CR2E034 (10/97)