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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000070169 (2)

SCREAMIN MULLET CHARTERS AND OUTFITTERS, INC.

Principal Place of Business

Mailing Address

1070 EAST INDIANTOWN ROAD STE. 400 JUPITER FL 33477

1070 EAST INDIANTOWN ROAD STE. 400

FILED Apr 15 1998 8:00am Secretary of State



10/02

| JUPIER PL 33477 | | | JUPITER PL 33477 | | | | DO NOT WRITE IN THIS SPACE | | |
|--|----------------------|--------------------------------------|--|---------------|---|---|--|--|--|
| | | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | | 08/13/1997 | | |
| 2. Princ | pal Place of Busi | ness | 2a. Mailing Address | | | | 4. FEI Number Applied For | | |
| - | .part tade of bare | | 26 | | | | 65 -077 y 338 Not Applicab | | |
| 21 Suite | , Apt. #, etc. | | Suite, Apt. #, etc. | | | | SR 75 Additional | | |
| _ | | | | | | | 5. Certificate of Status Desired Fee Required | | |
| 22 Ciba | & State | | City & State | | | | | | |
| ` | & Siate | | ├ - ¬ ' | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| 23 | · · · · | Country | 28 Zip | | u intri | , | | | |
| Zip | | | | | , | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | | |
| | | | t negistered Agent | | 81 | Name | IV. Hallie alla Addices of Hear Hegistere Agent | | |
| KEMPE, JOSEPH C | | | | | | 61 Name | | | |
| 1070 EAST INDIANTOWN ROAD STE. 400 | | | | | 82 | Street / | Address (P.O. Box Number is Not Acceptable) | | |
| | JUPITER FL 3 | 33477 | | | | | | | |
| | | | | | 83 | | | | |
| | | | | | - | 0 | 85 Zip Code | | |
| | | | | | 84 | City | FL 85 Zip Code | | |
| 11 Pu | suant to the provi | sions of Sections 607 050: | 2 and 607 1508. Florida St | atutes, the | abov | e-named | corporation submits this statement for the purpose of changing its registere | | |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-flamed 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. | | | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
| SIGNA | TURE | | | | | | required when reinstation) DATE | | |
| | Signature, typie | d or printed name of registrated age | | | | ent signature | e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 12. | | OFFICERS AND | DELETE | 13 | | | President Change XX Addition | | |
| TITLE | D | | ון טנננונ | | TITLE | | 1 | | |
| NAME | | , JOSEPH C | | | NAME | | Daniel Ford, II | | |
| STREET ADDRESS 1070 EAST INDIANTOWN ROA | | | D STE. 400 | | STREET | I ADDRESS | 19741 SE County Line Rd. | | |
| CITY-ST- | ZIP JUPITER FL 33477 | | | | 1.4 C(TY - ST - ZIP | | Tequesta, Fl 33469 | | |
| TITLE | | | ☐ DELETE | 2.1 | TITLE | | VP/Sec & Treasurer Change XX Addilio | | |
| NAME | | | | 2.2 | NAME | | Tami G. Kempe | | |
| STREET AC | DRESS | | | 2.3 | STREET | ADDRESS | 1070 E. Indiantown Rd., #400 | | |
| CITY-ST- | | | | 2.4 | CITY- | ST-ZIP | Jupiter, Fl 33477 | | |
| TITLE | | | DELETE | | TITLE | | Change Addition | | |
| NAME | | | | 9.2 | NAME | | | | |
| STREET AL | nnorco | | | | | F ADDRESS | | | |
| | 1 | | | 1 | | | | | |
| CITY-ST- | ZIP | | DELETE | | 10LE | ST-ZIP | Change Addition | | |
| TITLE | | | L.J DUCETE | | | | | | |
| NAME | | | | | NAME | | | | |
| STREET AL | DOPLESS | | | | | F ADDRESS | | | |
| CITY-ST- | ZIP | | | | | ST-ZIP | | | |
| TITLÉ | | | ☐ DELETE | 5.1 | TITLE | | Change L Addition | | |
| NAME | | | | 52 | NAME | | | | |
| STREET AL | ODRESS | | | 5.3 | STREET | T ADDRESS | | | |
| CITY-ST- | I | | | 5.4 | CITY-S | ST-ZIP | | | |
| TITLE | - | | DELETE | | TITLE | | Change Addition | | |
| NAME | | | | 62 | NAME | | | | |
| STREET AL | VDBESS | | | 1 | | I ADDRESS | | | |
| | · • | | | | | | | | |
| CITY-ST- | aroby cortify that t | be information superhed w | ith this filing does not ough | ify for the e | vemr | ST-ZIP | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information | | |
| ina | includ on this cas | sual ragart or europopionicals | al annual torong le fruo and | DOCUITATA A | na th | iai my cia | manire shall nave the same legal effect as it made ugger dain: toal it 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 changing, or on an attachment with an address. | | | | | | | | | |
| BIOCK 12 OF BIOCK 13 II DHANGRU, OF OH AN ARROTHERT WITH AN AUGUSTS. | | | | | | | | | |