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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9700091071 (5)

FILED May 14 1998 8:00am Secretary of State

A O C	HARTERS, INC.					D (818) (18) (88) (18) (88)
Principal Plac	e of Business	Mailing Addres	<u> </u>			o větot trati batiti todat trat táří
186 S BROA FELLSMERE		P O BOX 986 FELLSMERE F	P O BOX 986 FELLSMERE FL 32948		DO NOT WRITE IN TH	II.C CDACE
					3. Date incorporated or Qualified 10/21/1997	IIG SFACE
2. Principal Place of Business		<u> </u>	2a. Mailing Address 26		4. FEI Number EIN-59-34743	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State	d		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	30	untry	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
 ,	9. Name and Address of Curre			J	10. Name and Address of New Register	ed Agent
	TT, DENNIS R			81 Name		
	6 \$ B ROADWAY E LLSME RE FL 32948			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
rc	CLOMERE PL 32840			83		-
				84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida				ed by the corpor	progration submits this statement for the purpos	e of changing its registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of registered ag	ent and title it applicable. ID DIRECTORS	·	d Agent signature req	ruired when reinstating) DAT	
12.	PRESIDENT - DI		13. ELETE 1.1 T	ITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DENNIS TR. LET	~~	12 N	IAME		
STREET ADDRESS	FOUSMERE, FI SEC. ITREAS, IDE	t	1.3 S	TREET ADDRESS		į į
CITY-ST-ZIP TITLE	FOLLSMERE, FI	11/27092 D		ITY-ST-ZIP		Change Addition
NAME	TATOLIA A	ICCCATOR LIV	2.2 N	j		Cliquide C Napition
STREET ADDRESS	PATRICIA A. LE. 186 S. BROADWAY PELCSMERE, FI	` <i>'</i>		TREET ADDRESS		
CITY-ST-ZIP	PELLSMERE, FI	32948		DITY-ST-ZIP		
TITLE	DIRECTOR	[]	ELETE 311	ì		☐ Change ☐ Addition
NAME Street address	4135 MOURNING D	0.40 et	3.2 N	ame Tree1 address		
CITY-ST-ZIP	MELBOURNE, FI	32934		CITY ST-ZIP		
TITLE			ELETE 4.1 T			Change Addition
NAME			4.21	- 1		
STREET ADDRESS			1	TREET ADDRESS		
City-St-ZiP Title	,,,,,,		ELETE 5.1 T	ITY-ST-7IP		Change Addition
NAME			5.2 N	(
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY-ST-ZIP		·		ITY - ST - ZIP		
TITLE			ELETE 6.1 TO			☐ Change ☐ Addition
NAME Street address			62 N	AMI; TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
	certify that the information supplied w	ith this filing does not			in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

14. I hereby certify that the information supplied with this fling 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:

in R. K

-DENNIS R. LET

4-27-98 (561)571-1058