## 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

P97000098293 (8) **DOCUMENT** # 1. Corporation Name

**VOYAGER CHARTERS, INC.** 

## **FILED** May 19 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				
6550 NORTH ( SUITE 300 FT. LAUDERDA	FEDERAL HIGHWAY	6550 NORTH FEDERAL HIGHWAY SUITE 300 FT. LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE
rt. Olypthol	ACE 11 33300	THE ENDOCHDRUC TE OF				3. Date Incorporated or Qualified 11/12/1997
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26			4. FEI Number Applied For Not Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25   9. Name and Address of Currer	29 29 Agent	30	_		10. Name and Address of New Registered Agent
VE	ARN, JOSEPH M	, rogerous agent		B1	Name	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,
6550 NORTH FEDERAL HIGHWAY				82 Street Address (P.		Address (P.O. Box Number is Not Acceptable)
	TE 300 LAUDERDALE FL 33308			83		
				84	City	FI 85 Zip Code
office or re	o the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was	authorized	d by	the corp-	corporation submits this statement for the purpose of changing its registered to allow the control of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of rige tered age	TALL THE STANDARD AND THE STANDARD STAN	II. Populoro	i Ann	t pignatura e	required when reinstating) DATE
12,				I 13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TO	TLE	Т	☐ Change ☐ Addition
NAME	KEARN, JOSEPH M		1.2 N/	1.2 NAME		
STREET ADDRESS	ET ADDRESS 6550 NORTH FEDERAL HIGHWAY		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		: 1.4 CITY-ST-ZIP		-ZIP	]8
TITLE	D DELETE 2.1		2.1 T/I	TLE		☐ Change ☐ Addition C
NAME	KEARN, MARY ELAINE		2.2 N/	2.2 NAME		
STREET ADDRESS	<b>6550 NORTH FEDERAL HIGH</b>	<b>IWAY</b>	2.3 ST	REFT	ADDRESS	· · ·
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.40		I - ZIP	
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NAME			3.2 NAME			
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CITY-ST-ZIP			3.4. C		r-ZIP	
TITLE				1.1 111LE		☐ Change ☐ Addition
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STREET ADDRESS					ADDRESS	
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NAME OVERT ADDRESS			52 N/		000000	
STREET ADDRESS			- 1		ADDRESS	j
CITY-ST-ZIP		DELETE	5400		- ZIP	☐ Change ☐ Addition
TITLE			61 TO			L. Change L. Addition
NAME CTREET ADDRESS			62 NA		unnoree	1
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	ertify that the information surrolled w	with this filing does not qualify	for the exe			d in Section 119 07(3)(i) Florida Statutes I further certify that the information

Indicated on this annual report or supplied with this mind odes not down to the exemptor state in the exemptor state in 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.