

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000098911

1. Corporation Name

CALYPSO CHARTERS AND DELIVERIES, INC.

Principal Place of Business

604 UPLAND ROAD  
WEST PALM BEACH FL 33401

Mailing Address

604 UPLAND ROAD  
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 1608 W. Campbell Ave

Suite, Apt. #, etc.  
22 286

City & State  
23 Campbell, CA

Zip Country  
24 95008 25 USA

2a. Mailing Address

26 1608 W. Campbell Ave

Suite, Apt. #, etc.  
27 286

City & State  
28 Campbell, CA

Zip Country  
29 95008 30 USA

9. Name and Address of Current Registered Agent

SMITH, SYDNEY L  
604 UPLAND ROAD  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

65-0707420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

83 City

Plantation

FL

85 Zip Code 33324

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, 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 reappointing)

NASEEM A. CONDE

SPECIAL ASST. SECRETARY

DATE

9-13-99

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME SMITH, SYDNEY L

STREET ADDRESS 604 UPLAND RD

CITY-ST-ZIP W PALM BEACH FL 33401

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

1.2 NAME Smith, Sydney L

1.3 STREET ADDRESS 197 E. Hamilton Ave

1.4 CITY-ST-ZIP Campbell, CA 95008

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

400002989244--1

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 SEP 14 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0071505

CR2E034 (5/99)

9/10/99 408.870-6212  
Date Daytime Phone #