

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

FILED
Jun 24 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 # P97000107797 (7)
1. Corporation Name
DAVID EVANS CHARTERS, INC.



Principal Place of Business: 926 SW MAGNOLIA BLUFF DR, PALM CITY FL 34990
Mailing Address: 926 SW MAGNOLIA BLUFF DR, PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	926 SW Magnolia Bluff DR, Palm City FL 34990	26	SAME	12/22/1997	
4. FEI Number		5. Certificate of Status Desired		Applied For / Not Applicable	
None		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. City & State		28. City & State		10. Name and Address of New Registered Agent	
Palm City FL		Palm City FL		Name: EVANS, DAVID	
24. Zip		29. Zip		Street Address (P.O. Box Number is Not Acceptable): 926 SW MAGNOLIA BLUFF DR, PALM CITY FL 34990	
34990		34990		City: Palm City, State: FL, Zip Code: 34990	

g. Name and Address of Current Registered Agent: EVANS, DAVID, 926 SW MAGNOLIA BLUFF DR, PALM CITY FL 34990

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: DAVID E EVANS (Signature) Date: May 22 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	
NAME	EVANS, DAVID	1.2 NAME	
STREET ADDRESS	926 SW MAGNOLIA BLUFF DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: David E Evans (Signature) Date: May 22 1998

CR2E034 (10/97)