PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000040948

Suite, Apt. #, etc.

DIXON, JOHN MR

520 SE 32ND ST

FORT LAUDERDALE FL 33316

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Zip

ANGELFISH CHARTERS, INC.

Mailing Address
520 SE 32ND ST FORT LAUDERDALE FL 33316
2a. Mailing Address

City & State City & State 28 Zip Country Country 30 25

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

Election Campaign Financing Trust Fund Contribution This corporation owes the current year intangible Personal Property Tax. Personal Property Tax.

10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

65- D83330

05/06/1998 4. FEI Number

City

Zip Code

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90077 043 ***150.00

DO NOT WRITE IN THIS SPACE

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

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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 reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.		NGES TO OFFICERS A	ND DIRECTOR		
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	DIXON, JOHN		1.2 NAME					
STREET ADDRESS	520 SE 32ND ST		1.3 STREET ADDRESS				1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4 CITY-ST-ZIP					
TITLE		DELETE	2.1 TITLE	_		☐ Change	☐ Addition	
NAME		ĺ	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS				j	
CITY:ST:ZIP		·— <u> </u>	2.4 CITY-ST-ZIP = 1	-2. 5-4-2.54 4442				
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NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS				}	
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NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS		•			
CITY+ST-ZIP			4.4 CITY-ST-ZIP					
πιε		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP		·			
TITLE		DELETE	6.1 TITLE			Change	Addition (
NAME			6.2 NAME					
STREET ADDRESS	,然后1990人。 1988年		6.3 STREET ADDRESS					
O/TV- ST 7/D			6.4 CITY-ST-ZIP					

Thereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TY