PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90056 042 ***150.00

1999	No.	VIV
DOCUMENT #	# POROONAS	104

1. Corporation	INE CHARTERS, INC.	540104	-		I CREMERIA WA IRINA TURA ARMU ROMA RASHI R		AEHR 8181 (FO)	i
Principal Place	e of Business	Mailing Address) (SE()SE(SIE (SIE) IE/// EP/// CE/// CE/// SE	2152) \$1167		
4301 11TH AVE	NORTH	4301 11TH AVENORTH						
ST. PETERSBUI	RG FL 33713	ST. PETERSBURG FL 33713			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	HIS SPACE		1
	5 . T	وينيني والمعاري المارات	- .		05/14/1998			}
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	—	piled For	,
21	·	26		59-3509730		Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75 / Fee Ri		
City & Stat	8	City & State			6. Election Campaign Financing	-= \$5.00	May Be ====	
23	•	28			Trust Fund Contribution	Added	to Fees	i
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year			l
24	25	29	30		Personal Property Tax.	☐Yes	□N ₀	ļ
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		į
МАС	TINGS, DAVID C			81 Name				Ì
				82 Street Add	dress (P.O. Box Number is Not Acceptable)			ì
19941 GULF BLVD.,#E INDIAN SHORES FL 33785		٠-						
1100	AT GIORES I E 30.00			83	•			j
				84 City			Code	
11. Pursuant	to the provisions of Sections 807.0502	and 607.1508, Florida Statute	s, the al	ove-named con	poration submits this statement for the purposition's board of directors. I hereby accept the ap	of changing its	registered	ĺ
office or a	registered agent, or both, in the State o im familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	inonzeo da Stati	ites.	ion's board of directors. I hereby accept the ap	apositorio in es re		ł
								ı
SIGNATURE				_	red when (winstribus) DATE			<u>۔</u>
ļ	Signature, typed or printed name of registered agent	t and title 9 applicable. [NOTE:	Registered	Agent signet/re requir			ORS IN 12	(86/
12.	OFFICERS AND	t and title 9 applicable. [NOTE:		Agent signet/Fe requir	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	(11/98)
12. πιε	OFFICERS AND	t and title Y applicable. (NOTE: D DIRECTORS	Registered 13.	Apeni signetire requir		AND DIRECTO	ORS IN 12	34 (11/98)
12. TITLE	OFFICERS AND	t and title Y applicable. (NOTE: D DIRECTORS	13, 1.1 TII 1.2 NA	Apeni signetire requir		AND DIRECTO	DRS IN 12 ☐ Addition	E034 (11/98)
12. IITLE NAME STREET ADDRESS	OFFICERS AND DPST HILLERSON, STEVEN P	t and title Y applicable. (NOTE: D DIRECTORS	13. 1.1 III 1.2 NA 1.3 ST	Agent signeture requir		AND DIRECTO	Addition	R2E034 (11/98)
12. TITLE	OFFICERS AND DPST HILLERSON, STEVEN P 4301 11TH AVE., NORTH	t and title Y applicable. (NOTE: D DIRECTORS	13. 1.1 III 1.2 NA 1.3 ST	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP		AND DIRECTO	ORS IN 12 Addition	CR2E034 (11/98)
12. IITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DPST HILLERSON, STEVEN P 4301 11TH AVE., NORTH	and title 9 applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT	Agent signeture requir LE ME REET ADDRESS Y-ST-ZIP LE		AND DIRECTO	Addition	CR2E034 (11/98)
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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 appearment with an address, with all pither like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3 18 99

(727)321-6775