

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000080360

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90027 049 ***150.00

1. Corporation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,000							
ALCUDIA	A CHARTERING, INC.									
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Principal Place	e of Business	Ma	siling Address				1 International Property of the Control of the Cont			
1750 HWY A1A	SOUTH, SUITE D	175	O HWY A1A SOUTH, SI	JITE D						
ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		· – –	1
							09/14/1998			ł
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	TA	pplied For	1
			26				39- 3532849	N	ot Applicable]
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	1
22		27			_		5. Certificate of otolog Desired	Fee F	lequired]
City & State	0		City & State				6. Election Campaign Financing		May Be	.\
23		28					Trust Fund Contribution		to Fees	4
Zip	Country		-Ζιρ – —————		ıntry≃		== 8This corporation owes the current year in			===
24	25	29					Personal Property Tax. Yes - No 10. Name and Address of New Registered Agent			┨
	9. Name and Address of Cu	rrent Regis	tered Agent		81	Name	10. Name and Address of New Registered	gant		1
HAG	iler, Kenneth D				1.					1
	ALM ROW				82	Street Addr	ress (P.O. Box Number is Not Acceptable)]
	AUGUSTINE FL 32084				83					1
										4
					84	City	FL	85 Zip	Code	1
44 Dureupot	to the provisions of Sections 607	0502 and 6	07 1508 Florida Statut	es, the a	bove-	named corp	oration submits this statement for the purpose of	changing it	s registered	1
office or r	registered agent, or both, in the S	tate of Florid	a. Such change was a	uthorize	d by th	ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as r	egistered	İ
i adentila	ım tamıllar wich, and accept the ot	pilgauoris of,								
, -,	•	•	0500011 051 100001 1 10		w. 65.					[
SIGNATURE							d when reinstating) DATE			€
Į.	Signature, typed or printed name of registere		i applicable. (NOTE		d Agent			ND DIRECT	ORS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registere	d agent and title i	i applicable. (NOTE	Registered	d Ageni		d when reinstating) DATE		ORS IN 12	(11/98)
SIGNATURE	Signature, typed or printed name of registers OFFICERS P BOUDRO, SHARON R	d agent and title in S AND DIRE	I applicable. (NOTE	Registered	d Ageni		d when reinstating) DATE	ND DIRECT	ORS IN 12	034 (11/98)
SIGNATURE 12.	OFFICERS P BOUDRO, SHARON R 1750 HWY A1A SOUTH, SI	d agent and title in S AND DIRE	I applicable. (NOTE	13. 1.1 Ti	Ageni		d when reinstating) DATE	ND DIRECT	ORS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registeres OFFICERS P BOUDRO, SHARON R	d agent and title in S AND DIRE	Teppicable. (NOTE CTORS	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	Agent I	signanirė raquiros	d when reinstating) DATE	ND DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME SIREET ADDRESS	OFFICERS P BOUDRO, SHARON R 1750 HWY A1A SOUTH, SI	d agent and title in S AND DIRE	I applicable. (NOTE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	Agent	signanirė raquiros	d when reinstating) DATE	ND DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS P BOUDRO, SHARON R 1750 HWY A1A SOUTH, SI	d agent and title in S AND DIRE	Teppicable. (NOTE CTORS	13. 1.1 TI 1.2 AI 1.3 SI 1.4 CI 2.1 TI 2.2 AI	ITLE AME TREET A TTY-ST- TILE	algmentré requires ADDRESS ZIP	d when reinstating) DATE	ND DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS P BOUDRO, SHARON R 1750 HWY A1A SOUTH, St ST AUGUSTINE FL 32084	d agent and title in S AND DIRE	Teppicable. (NOTE CTORS	13. 1.1 Ti 1.2 Ai 1.3 S 1.4 Ci 2.1 Ti 2.2 N 2.3 S	TLE AME TREET A TTLE TLE TREET A	algonatura required ADDRESS ZIP	d when reinstating) DATE	ND DIRECT	ORS IN 12	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 attachment with an address, with all other like empowered.

SIGNATURE:

2/38/99

904-47/-790