

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90233 046 ***150.00

DOCUMENT # P98000108269

1. Corporation Name
XSTREME CHARTERS, INC.

Principal Place of Business
4611 BECK LAKE TRAIL #2
MELBOURNE FL 32901

Mailing Address
4611 BECK LAKE TRAIL #2
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1998

4. FEI Number

59-3546853

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1965 WORCHESTER WAY
Suite, Apt. #, etc.

22 City & State
23 MERRITT ISLAND, FL

24 32953 25 U.S.A.

2a. Mailing Address

26 1965 WORCHESTER WAY
Suite, Apt. #, etc.

27 City & State
28 MERRITT ISLAND, FL

29 32953 30 U.S.A.

9. Name and Address of Current Registered Agent

SCURTO, ROBERT J
4611 BECK LAKE TRAIL #2
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name VANDERHOEVEN, MARK A
82 Street Address (P.O. Box Number is Not Acceptable)
1965 WORCHESTER WAY
83
84 City MERRITT ISLAND FL 85 Zip Code 32953

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

Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SCURTO, ROBERT J
STREET ADDRESS 4611 BECK LAKE TRAIL #2
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☐ DELETE
NAME TRAVEN, ROBERT W
STREET ADDRESS P.O. BOX 540610
CITY-ST-ZIP MERRITT ISLAND FL 32954

TITLE D ☐ DELETE
NAME VANDERHOEVEN, MARK A
STREET ADDRESS 1510 EDDY ST.
CITY-ST-ZIP MERRITT ISLAND FL 32954

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VANDERHOEVEN, MARK A
3.3 STREET ADDRESS 1965 WORCHESTER WAY
3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK VANDERHOEVEN 4-26-99 407-720-6225

CR2E034 (11/98)