2000 UNIFORM BUSINESS REPORT (UBR)

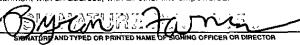
FILED DOCUMENT # P9900032717 May 24, 2000 8:00 am Secretary of State BAITRUNNER CHARTERS INC. 05-24-2000 90048 028 ***150.00 Mailing Address Principal Place of Business 1060 52ND STREET, GULF 1060 52ND STREET. GULF MARATHON FL 33050-2648 MARATHON FL 33050 Mailing Address 2. Principal Place of Business 38 GulfwindLaNE HAWKS COUL :MARINGA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc mm # Applied For City & State 4, FEI Number City & State 105-0909 Not Applicable DUCK MARATHON Country \$8.75 Additional 5. Certificate of Status Desired 33*050* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENMAN, FRANKLIN D ESQ. Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HWY. MARATHON FL 33050 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees र्वेश्(See criteria on back), सुरक्षी कर्ना Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition 7. 24.4 TITLE TITLE Delete NAME FARNES, BYRON LEE NAME STREET ADDRESS STREET ADDRESS 1060 52ND STREET, GULF CITY-ST-ZIP CITY-ST-ZIF MARATHON FL 33050 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



3/31/2000 (305)743-7548