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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S10555 (8)

1. Corporation Name
AMERICAN & OVERSEAS CHARTERING, INC.



Principal Place of Business

C/O H. J. HILLESTAD
P.O. BOX 3032
POMPANO BEACH FL 33072

Mailing Address

C/O H. J. HILLESTAD
P.O. BOX 3032
POMPANO BEACH FL 33072-3032

3. Date Incorporated or Qualified 11/02/1990
3a. Date of Last Report 02/21/1996

4. FEI Number 65-0240111
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 351 SE 16th Avenue
Suite, Apt. #, etc.

22 City & State
Pompano Beach

23 Zip 33060
Country Broward

2a. Mailing Address

26 351 SE 16th Avenue
Suite, Apt. #, etc.

27 City & State
Pompano Beach

28 Zip 33060
Country Broward

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

9. Name and Address of Current Registered Agent

HILLESTAD, H. J.
351 SE 16TH AVENUE
POMPANO BEACH 33060

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	HILLESTAD, HALLVARD J.	<input type="checkbox"/> DELETE
NAME		351 SE 16TH AVENUE	
STREET ADDRESS		POMPANO BEACH FL	
CITY - ST - ZIP			
TITLE	S	HILLESTAD, LOUISE C.	<input type="checkbox"/> DELETE
NAME		351 SE 16TH AVENUE	
STREET ADDRESS		POMPANO BEACH FL	
CITY - ST - ZIP			
TITLE	T	HILLESTAD, ELIN K.	<input type="checkbox"/> DELETE
NAME		351 SE 16TH AVENUE	
STREET ADDRESS		POMPANO BEACH FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 as an attachment with an address.

SIGNATURE: H. J. HILLESTAD

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CR2E034 (9/96)