FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # S16810

(1)

BLUE WATER CHARTER SERVICES INC.

Principal Place of Business	Mailing Address				
2781 PINEAPPLE AVE	2781 PINEAPPLE AVE				
MELBOURNE FL 32935	MELBOURNE FL 32935				



						12/04/1990		st Report /1995	
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
26						59-3043670		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 23 28				V 200		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	30	Country	,	8. This corporation has liability for intangible Florida Statutes Yes No	tax unc	ers 199.032,	
<u>-1</u>	9. Name and Address of Curre	nt Registered Agent		T.		10. Name and Address of New Registere	d Agen	1	
-				81	Name				
NELSON, JESSE 2781 PINEAPPLE AVE MELBOURNE FL 32935					82 Street Address (P.O. Box Number is Not Acceptable) 83				
12.		ND DIRECTORS		13.	at signature requir	not when recisions in DATE ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DP	DELE	ΙE	1 1 TITLE			☐ Cha	irige 🔲 Addition	
NAME:	NELSON, JESSE			1.2 NAME					
STREET ADDRESS	2781 PINEAPPLE AVE			1 3 STREE	I ADORESS				
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY -	ST ZIF				
TITLE	STD	☐ DELE	TE :	2 171116			Cna	inge 🔲 Addition	
NAMÉ	NELSON, BETTY			2.2 NAME					
STREET ADDRESS	2781 PINEAPPLE AVE			2 3 STREE	T ADDRESS				
CITY - ST - ZIP	MELBOURNE FL			2 4 CITY •					
TIFLE		☐ DEFE		3 1 THEF			☐ Cha	ange 🔲 Addition	
NAME				3.2 NAME					
STREET ADDRESS					-LADDRESS				
CITY-ST-ZiP		E Drue		3.4 C·TY	ST - ZiP		☐ Cha	ange 🔲 Addition	
TITLE		DELE		4 1 TITLE				sige [] Addition	
NAME				4 2 NAME					
STREET ADDRESS					LADDRESS				
CITY-ST-ZIP		□ DECE		4.4 CITY - 5.1 TITLE	5 - 211		☐ Chi	ange	
TITLE		_ вис					[] O	inge 🔲 Main sir	
NAME				5.2 NAME	1.4000000				
STREET ADDRESS			1		T ACCIDESS				
CITY-ST-ZIP		DELE		5.4 CITY - 6.1 THILE			[] Ch	ange	
TITLE		Ŭ DEKE						Figo Madition	
NAME				62 NAME					
STREET ADDRESS					T ADORESS				
CITY-ST-ZIP				6 4 Cily		for the exemption stated in Section 119 07/3/fb)	ri		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JUST TURES OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.96

Daytine Priorie #