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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(4)

OCEAN MARINE CHARTER, INC.

Principal Place of Business Mailing Address 3050 NE 48TH CT 3050 NE 48TH CT								
UNIT 404		UNIT 404	N4					
LIGHTHOUSE PT FL 33064		LIGHTHOUSE PT FL 3300	LIGHTHOUSE PT FL 33064		3. Date Incorporated or Qualified 02/25/1991	2/25/1991 01/11/1996		
2. Principal Plac	te of Business	2a. Mailing Address			4. FEI Number 65-0246661	1	Applied F Not Appli	
1 Suite, Apt. #.	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additio Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May B Added to Fee	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax u	nder s 199.032	2,
24	25	29	30			∏ No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	Registered Age	ent	
				81 Name				
BAMMAN, FRED C., III 2189 SE 9TH ST				82 Street Addre	ess (P.O. Box Number is Not Accepta	ceptable)		
	D BEACH FL 33062			83				
			ļ	84 City		FL	85 Zip Code	
familiar with	 and accept the obligations of, Se signature, byted or printed harns of registered as 	portion (107, 0000), Florida Statutes.	lt: flagisteret	1 Agent signature require	ation submits this statement for the po d of directors. I hereby accept the app d where remaining? ADDITIONS/CHANGES TO OF	DATE		
12.		ND DIRECTORS	13.	r	AUDITIONS/CHANGES TO OF		Change	
TITLE	PD PRODUCE PRODUCE OF	DELETE	1.11	Į.			Drawing	
NAME	RITCHIE, BRIAN G.	4	1.2 N					
STREET ADDRESS	3050 NE 48TH CT UNIT 40 LIGHTHOUSE POINT FL 33			TREET ADDRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT PL 33	DELETE	2.11	ITY-ST-ZIP			Change A	ddition
TITLE			22N	1				
NAME			1	TREFT ADDRESS				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP TITLE		[] DELETE		TITLP			Change 🗀 A	Addition
NAME			321	IAME				
STREET ADDRESS			33	STREET ADDRESS				
CITY-S1-ZIP			340	DIY-SI-ZIP			Ob [7] (Iddiliaa
TITLE	0.011 - Y	DELETE	4 1	TITLE		L	Change	Addition
NAME			1	AAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY - ST - 7IP			Change	Addition
TITLE		DELETE		TITLE NAME				
NAME.				STREET ADDRESS				
STREET ADDRESS				CITY-ST-ZIP				
CITY-S1-ZIP TITLE		DELETE		TITLE			Change	Addition
NAME			62	NAME				
STREET ADDRESS			63	STREET ADDRESS				
CITY-ST-ZIP		1	6.4	CITY - ST - ZIP				
14. I do hereb certify that cath: that	by certify that the information supplied the information indicated on this a I am an officer or director of the con Block 12 or Block 13 if changed,	annual Aport or supplicmental and prografian or the receiver or truste	nual report se embow		for the exemption stated in Section 1 rate and that my signature shall have to its report as required by Chapter 607,			

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2,1996 501-532-1260

e andre and come and action related before the biller and it defen and it defen and it defen and it defends and