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

1. Corporation Name

STREET ADDRESS

STREE1 ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

CITY - ST-ZIP

CITY - S1 - 7IP

CITY-\$1-ZIP

TITLE

NAME

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DOCUMENT #

S39904

(5)

KASUAL CHARTERS, INC.

	KASUAI	CHARTERS, INC.								
Principal Place of Business Mailing Address										
6935 TWITLE DR PORT RICHEY FL 34668 US			6935 TWITLE DR Port Richey Fl 34688 US			3. Date incorporated or Qualified 3a. Date of Last Report 03/21/1991 06/01/1995				
							4. FEI Number		00/01/	Applied For
2.	Principal Plac	ce of Business	├ ¬	2a. Mailing Address			59-3057421	<u> </u>		
21	Suite, Apl. #,	etc.		Suite, Apt. #, etc			5. Certificate of Status Desire	d []		75 Additional ee Required
	City & State		City & State	City & State			6. Election Campaign Financian Trust Fund Contribution	ng 🔲		i.00 May Be
23	Zip -	Country	28 Zip	30 Co.	Country		This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes □ No			
24		[25]	29		Τ		10. Name and Address of N	ew Register	ed Agent	
9. Name and Address of Current Registered Agent						Name	J			
CARINO, JOSEPH 6935 TWITLE DR					82	82 Street Address (P.O. Box Number is Not Acceptable) 83				
		NCHEY FL 34668				City	 85 Z			Zip Code
1					84	· '			-Ն ∣	<u> </u>
1		o the provisions of Sections 607.05 ad agent, or both, in the State of Fk h, and accept the obligations of, Se			corp	named corpo oration's bod	oration submits this statement for the and of directors. Thereby accept th	ne purpose o e appointmen	f changing it as regist	its registered office ered agent. I am
s	GNATURE _		. Tanaharan yang tahun	iNCTF Registers	 ojiA⊒er	of Signal the respon	est when renstating	ĐA		
SIGNATURE Signative present or protect control of regions of a port and the diagrams of the second or protection o					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	z. TLE			TE . 1. 1	1. 1 TITLE				☐ Cha	inge 🔲 Addition
	CARINO IOCERNI			12	1.2 NAME 1.3 STREET ADDRESS					
NAME STREET ADDRESS		6935 TWITLE DR		13						
1		PORT RICHEY FL		14	CITY -	ST-ZIP				Addition
	TLF	TOTT HOTE TE	DELE	TE 2 1	THEF				☐ Ch	ange 🔲 Addition
1	ALAF			22	NAME					

23 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY ST-ZIP

4.4 CITY - \$1 - ZIP

3 4 CvTY - ST - ZIP

24 CUY-ST ZIP

3 11.TLF

3.2 NAME

4 1 HTLF

4.2 NAME

5 1 TILLE

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6.2 NAME

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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. Ffurther 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 6 4 CITY - ST-ZIP

W SIGNATURE

04.29.96 (813)841.8014

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