Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90118 038 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$58845**

1. Corporation Name

VITAMIN	SEA CHARTERS, INC.						
Principal Place	of Business	Mailing Address	_	_	- I (EBMO) INI NILE) ININI 19161 NIEGT NILI AINIE (IANGI BIBIK BIBAL BI	#14 #18 41 (# # 1
13175 OVERSEAS HWY MARATHON FL 33050 US 13175 OVERSEAS HWY MARATHON FL 33050 US US					DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE]
		A service address	_		06/07/1991 4. FEI Number	Ann	olied For
2. Principal Place of Business 2a. Mailing Address 21					65-0345283		Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22 27					-5Certifcate of Status Desired	Fee Red	quired
City & State		City & State	¬ ´		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country 25	Zip 30	Country		This corporation owes the current year In Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registered	Agent	
				Name			
FERRELL, HEIDI 58008 MORTON ST.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
GRASS KEY FL 33050			83				
GRAGO RETTE GOOD							
			84	City	FL	85 Zip C	ode
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 Storetive breed or printed page of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE							
42	Signature, typed or printed name of registered agent		13.	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OTT TO ETTO DIVIDE OTTO		1.1 T/TLE			Change	☐ Addition
NAME	_ <u> </u>		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	GRASSY KEY FL 33050 140		1.4 CITY-ST	r-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME	I ERNELL, HEIDI		2.2 NAME				ļ
STREET ADDRESS	JOODS MICHTON ST.		2.3 STREET				
CITY-ST-ZIP	GRASSY KEY FL 33050		2.4 CITY-S 3.1 TITLE	T-ZIP		☐ Change	☐ Addition
TITLE	ST HEIDI		3.1 MAME				_
NAME	FERRELL, HEIDI	9	3.3 STREET	ADDRESS			1
STREET ADDRESS	58008 MORTON ST GRASSY KEY FL 33050		3.4. CITY-S				
CITY-ST-ZIP TITLE	GINAGOT NET FE GOUGU		4.1 TITLE			Change	Addition
NAME		į	4.2 NAME				\
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP			
TITLE			5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				Ì
STREET ADDRESS		4	5.3 STREET	- }			-
C/TY+ST-Z/P			5.4 CITY-ST 6.1 TITLE	T-ZIP		☐ Change	☐ Addition
TITLE	İ		V. I IIILE	1			ر ، ۱۵۵٬۱۵۰٬۱

14. 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 annual report or suppliemental 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS