FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78844** **(5)**

1. Corporation Name
PALM BREEZE CHARTERS, INC.

Principal Place of Business	Mailing Address
4730 NW 2 AVE SUITE 208 BOCA RATON FL 33431	4730 NW 2 AVE SUITE 208 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1991
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: 1101 D BEL AIR DR.
22: Suite, Apt. #, etc.
23: City & State: HIGHLAND BCH., FL
24: Zip: 33487
25: Country: PALM BCH

2a. Mailing Address
26: 1101 D BELAIR DR.
27: Suite, Apt. #, etc.
28: City & State: HIGHLAND BCH., FL
29: Zip: 33487
30: Country: PALM BCH.

4. FEI Number: 65-0289872 ☐ 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

9. Name and Address of Current Registered Agent

MINERLEY, KENNETH L.
2101 CORPORATE BLVD. N.W.
SUITE 400
BOCA RATON FL 33431

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

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☒ Change ☐ Addition
NAME	MOUNT, C	12 NAME	
STREET ADDRESS	4730 NW 2 AVE	13 STREET ADDRESS	1101 D BEL AIR DR.
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	HIGHLAND BCH., FL 33487
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	BLASLAND, W.	22 NAME	
STREET ADDRESS	4730 NW 2 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	PS	31 TITLE	☒ Change ☐ Addition
NAME	SAUER, H	32 NAME	
STREET ADDRESS	4730 NW 2 AVE	33 STREET ADDRESS	1101 D BEL AIR DR.
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	HIGHLAND BCH., FL 33487
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	GURLEY, K.	42 NAME	
STREET ADDRESS	4730 NW 2 AVE	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 on an attachment with an address.

SIGNATURE: Holly Gurley V.P. 4/28/95 407.368.3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0256009 CP