

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90008 026 ***150.00

DOCUMENT # S78844

1. Corporation Name

PALM BREEZE CHARTERS, INC.

Principal Place of Business

1101D BELAIR DR
HIGHLAND BEACH FL 33487
US

Mailing Address

1101D BELAIR DR
HIGHLAND BEACH FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 HOLLY SAUER
82 Street Address (P.O. Box Number is Not Acceptable)
1101 D BELAIR DR
83
84 City HIGHLAND BCH, FL FL 85 Zip Code 33487

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 Holly Sauer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME MOUNT, C
STREET ADDRESS 1101D BELAIR DR
CITY-ST-ZIP HIGHLAND BEACH FL

TITLE T
NAME WARREN BLASLAND
STREET ADDRESS 333 W. CAMINO GARDENS BLVD. BOCA PL. 3
CITY-ST-ZIP BOCA RATON FL

TITLE PS
NAME SAUER, H
STREET ADDRESS 1101D BELAIR DR
CITY-ST-ZIP HIGHLAND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP, S
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

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

4-27-99 561-368-3566

Date

Daytime Phone #

CR2E034 (11/98)