

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0071905

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 SEP 14 AM 9:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000098911

1. Corporation Name
 CALYPSO CHARTERS AND DELIVERIES, INC.



Principal Place of Business
 604 UPLAND ROAD
 WEST PALM BEACH FL 33401

Mailing Address
 604 UPLAND ROAD
 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	1608 W. Campbell Ave	26	1608 W. Campbell Ave	11/20/1997		65-0707420		Not Applicable	
22	Suite, Apt. #, etc. 286	27	Suite, Apt. #, etc. 286	5. Certificate of Status Desired		8.75 Additional Fee Required			
23	City & State Campbell, CA	28	City & State Campbell, CA	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
24	Zip 95008	29	Zip 95008	8. This corporation owes the current year Intangible Personal Property.		Yes <input type="checkbox"/> No <input type="checkbox"/>			
25	Country USA	30	Country USA						

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, SYDNEY L 604 UPLAND ROAD WEST PALM BEACH FL 33401				81 Name CT Corporation System			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd			
				83 City Plantation			
				84 State FL			
				85 Zip Code 33324			

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: *Naseem A. Conde* NASEEM A. CONDE 9-13-99
 SPECIAL ASST. SECRETARY DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PS
NAME	SMITH, SYDNEY L	1.2 NAME	Smith, Sydney L
STREET ADDRESS	604 UPLAND RD	1.3 STREET ADDRESS	197 E. Hamilton Ave
CITY-ST-ZIP	W. PALM BEACH FL 33401	1.4 CITY-ST-ZIP	Campbell, CA 95008
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	400002989244--1
TITLE		3.1 TITLE	09/17/99 01002-804
NAME		3.2 NAME	***550.00 ***550.00
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	TS
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* 9/10/99 408.870-6212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)