

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 598619 (5)
1. Corporation Name
CHARTER CARIBBEAN COMPANY

Principal Place of Business 5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659	Mailing Address 5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1978	
21		26		4. FEI Number 59-1882007	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		Country	
25		30			

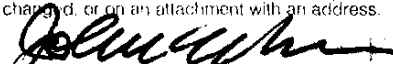
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VAS	<input type="checkbox"/> DELETE		1.1 TITLE	V/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSS, JOHN E			1.2 NAME	James J. Miller		
STREET ADDRESS	4655 SALISBURY RD STE 399			1.3 STREET ADDRESS	5700 Wilshire Boulevard		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Los Angeles, CA		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARSON, THOMAS P			2.2 NAME	Lise A. Schneider		
STREET ADDRESS	5700 WILSHIRE BOULEVARD STE 575			2.3 STREET ADDRESS	5700 Wilshire Boulevard		
CITY-ST-ZIP	LOS ANGELES CA			2.4 CITY-ST-ZIP	Los Angeles, CA		
TITLE	SVS	<input type="checkbox"/> DELETE		3.1 TITLE	SV/GC/S/Admin/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUCHIL, SALLY			3.2 NAME			
STREET ADDRESS	5700 WILSHIRE BLVD STE 575			3.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			3.4 CITY-ST-ZIP			
TITLE	VAT	<input type="checkbox"/> DELETE		4.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDSBAUM, ROSS G			4.2 NAME			
STREET ADDRESS	5700 WILSHIRE BLVD STE 575			4.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			4.4 CITY-ST-ZIP			
TITLE	SVCT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COUGHLAN, KATHLEEN			5.2 NAME	Greer C. Bosworth		
STREET ADDRESS	5700 WILSHIRE BLVD STE 575			5.3 STREET ADDRESS	5700 Wilshire Boulevard		
CITY-ST-ZIP	LOS ANGELES CA			5.4 CITY-ST-ZIP	Los Angeles, CA		
TITLE	EVD	<input type="checkbox"/> DELETE		6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACHMANN, PETER H			6.2 NAME			
STREET ADDRESS	5700 WILSHIRE BLVD STE 575			6.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			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:  John E. Ross, V.P. 4/21/98 904-281-4488

CR2E034 (10/97)