


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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F31706 (7) 1. Corporation Name WEST COAST CHARTER COMPANY		



Principal Place of Business P O BOX 55 ORLANDO FL 32802	Mailing Address P O BOX 55 ORLANDO FL 32802-0055
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1981	3a. Date of Last Report 01/24/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2117465		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEARD, KENNETH O 10800 S ORANGE AVE P O BOX 55 ORLANDO FL 32802		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and fee if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRATES, JAMES E.		1.2 NAME		
STREET ADDRESS	10800 S ORANGE AVE SR 527		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAFT, FL 00000		1.4 CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGID, SUSAN STRATES		2.2 NAME		
STREET ADDRESS	10800 S ORANGE AVE SR 527		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAFT, FL 00000		2.4 CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRATES, PHYLLIS R		3.2 NAME		
STREET ADDRESS	10800 S ORANGE AVE SR 527		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAFT, FL 00000		3.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEARD, KENNETH O		4.2 NAME	Strates, E. Jay	
STREET ADDRESS	10800 S ORANGE AVE SR 527		4.3 STREET ADDRESS	10600 S. Orange Ave.	
CITY-ST-ZIP	TAFT, FL 00000		4.4 CITY-ST-ZIP	Taft, FL 32824	
TITLE	AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRATES, SIBYL S.		5.2 NAME	Doremus, Sibyl Strates	
STREET ADDRESS	10800 S ORANGE AVE SR527		5.3 STREET ADDRESS	10600 S. Orange Ave.	
CITY-ST-ZIP	TAFT FL		5.4 CITY-ST-ZIP	Taft, FL 32824	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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: E. Jay Strates E. Jay Strates, Secretary 1-17-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)