

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

FILED

Feb 10 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 # 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1981	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2117465	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent BEARD, KENNETH O 10600 S ORANGE AVE P O BOX 55 ORLANDO FL 32802				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRATES, JAMES E.		1.2 NAME	Strates, James E.			
STREET ADDRESS	10600 S ORANGE AVE SR 527		1.3 STREET ADDRESS	7120 Lake Ellenor Drive			
CITY-ST-ZIP	TAFT, FL 00000		1.4 CITY-ST-ZIP	Orlando, FL 32809			
TITLE	ASD	<input type="checkbox"/> DELETE	2.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGID, SUSAN STRATES		2.2 NAME	Magid, Susan Strates			
STREET ADDRESS	10600 S ORANGE AVE SR 527		2.3 STREET ADDRESS	7120 Lake Ellenor Drive			
CITY-ST-ZIP	TAFT, FL 00000		2.4 CITY-ST-ZIP	Orlando, FL 32809			
TITLE	ASD	<input type="checkbox"/> DELETE	3.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRATES, PHYLLIS R		3.2 NAME	Strates, Phyllis R.			
STREET ADDRESS	10600 S ORANGE AVE SR 527		3.3 STREET ADDRESS	7120 Lake Ellenor Drive			
CITY-ST-ZIP	TAFT, FL 00000		3.4 CITY-ST-ZIP	Orlando, FL 32809			
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRATES, E. JAY		4.2 NAME	Strates, E. Jay			
STREET ADDRESS	10600 S ORANGE AVE.		4.3 STREET ADDRESS	7120 Lake Ellenor Drive			
CITY-ST-ZIP	TAFT FL		4.4 CITY-ST-ZIP	Orlando, FL 32809			
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOREMUS, SYBIL STRATES		5.2 NAME	Doremus, Sibyl Strates			
STREET ADDRESS	10600 S ORANGE AVE.		5.3 STREET ADDRESS	7120 Lake Ellenor Drive			
CITY-ST-ZIP	TAFT FL		5.4 CITY-ST-ZIP	Orlando, FL 32809			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME	Strates, John E.			
STREET ADDRESS			6.3 STREET ADDRESS	7120 Lake Ellenor Drive			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, FL 32809			

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: _____

[Handwritten signatures and dates]
F. Jay Strates 1-2-1998 407-855-3939

CR2E034 (1097)