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Feb 10 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 # F95000000332 (5)

1. Corporation Name
C & R CHARTERS, INC.

Principal Place of Business
3 CHRISTINA CENTER
201 N. WALNUT ST., STE 1000
WILMINGTON DE 19801

Mailing Address
3 CHRISTINA CENTER
201 N. WALNUT ST., STE 1000
WILMINGTON DE 19801-3967



2. Principal Place of Business	2a. Mailing Address
21 1313 N. MARKET ST.	26 1313 N. MARKET ST.
22 ST #3410	27 ST #3410
23 WILMINGTON, DEL	28 WILMINGTON, DEL
24 19801-1150	29 19801-1150

3. Date Incorporated or Qualified 01/20/1995	3a. Date of Last Report 03/26/1996
4. FET Number 31-1431788	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOLFE, LARRY 200 A JOHN KNOX RD. TALLAHASSEE FL 32303-6643		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's signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SANDERS, R W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 E. SPRUCEWOOD DR.	1.2 NAME	
STREET ADDRESS	SANDUSKY OH	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V SANDERS, C A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 E. SPRUCEWOOD DR.	2.2 NAME	
STREET ADDRESS	SANDUSKY OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CDS SANDERS, CHARLENE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 E. SPRUCEWOOD DR.	3.2 NAME	
STREET ADDRESS	SANDUSKY OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: *Charles A. Sanders*

2-4-97

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641-7854

CR2E034 (9/96)