


FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90066 008 ***150.00

-PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006722

1. Corporation Name
J.H. CHARTERS, INC.

Principal Place of Business % INDIAN RIVER TRANSPORT 2580 EXECUTIVE DRIVE WINTER HAVEN FL 33883	Mailing Address % INDIAN RIVER TRANSPORT 2580 EXECUTIVE DRIVE WINTER HAVEN FL 33883
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1997	4. FEI Number 59-3480714	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	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		
22 City & State	27 City & State	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
23 Zip 33884 Country	28 Zip 33884 Country	29		30		

9. Name and Address of Current Registered Agent HARNED, JOHN % INDIAN RIVER TRANSPORT 2580 EXECUTIVE DRIVE WINTER HAVEN FL 33883				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	HARNED, JOHN		1.2 NAME				
STREET ADDRESS	2580 EXECUTIVE DRIVE		1.3 STREET ADDRESS	33884			
CITY-ST-ZIP	WINTER HAVEN FL 33883		1.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			6.2 NAME				
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 my address, with all other like empowered.

SIGNATURE: George T. MacConnell, CFO Date: 1-13-99 Daytime Phone #: 941-324-2430
 SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR
John Harned, President Date: 4-05-99

CR2E034 (1/198)