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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G17836**

JESTER CHARTERS, INC.

Principal Place of Business Mailing Address % GERALD E. SEAMAN 800 SCALLOP DRIVE **W GERALD E. SEAMAN** 800 SCALLOP DRIVE PORT CANAVERAL FL 32920-4510 PORT CANAVERAL FL 32920 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1982 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2294850 21 26 Not Applicable Suite Apt #, etc Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zio Country Zio This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEAMAN, GERALD E. 800 SCALLOP DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PORT CANAVERAL FL 32920 83 84 City 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: fingistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition THE SEAMAN, GERALD E 1.2 NAME NAME 4340 N. TROPICAL TRAIL STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL 14 CITY - ST-ZIF CITY - \$1 - 76 STD DELETE Change Addition 30113 21 TITLE

SEAMAN, ROSE S NAME 4340 N TROPICAL TRAIL 2.3 STREET ADDRESS STREET ADDIRESS MERRITT ISLAND FL 2. 4 CITY - ST - ZIP CITY-51-7# DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE NAM 4 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City-St Z DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADJURESS 5.4 CITY - ST - ZIP COTY: ST. ZP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - ST- 7IP CITY - ST - ZIP

22 NAME

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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald E. Seaman

FILED

Mar 12 1997 8:00am

Secretary of State

0101999

(96/6)R2E034