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Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 617836 (9)
1. Corporation Name: JESTER CHARTERS, INC.

Principal Place of Business: c/o Gerald E. SEAMAN, 800 Scallop Dr., Port Canaveral, FL 32920
Mailing Address: c/o Gerald E. Seaman, 800 Scallop Dr., Port Canaveral, FL 32920

2. Principal Place of Incorporation: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2294850 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: SEAMAN, GERALD E, 800 SCALLOP DR, PORT CANAVERAL, FL 32920

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 607.08(2) and 607.1403, 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 duties imposed by Section 607.08(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: PD	12.2 NAME: Seaman, Gerald E	12.3 STREET ADDRESS: 4340 N. Tropical Trail	12.4 CITY-STATE-ZIP: Merritt Island, FL 32953	13.1 TITLE: [] DELETE	13.2 NAME: [] CHANGE [] ADDITION
12.5 TITLE: STD	12.6 NAME: Seaman, ROSE	12.7 STREET ADDRESS: 4340 N. Tropical Trail	12.8 CITY-STATE-ZIP: Merritt Is, FL 32953	13.3 TITLE: [] CHANGE [] ADDITION	13.4 NAME: [] CHANGE [] ADDITION
12.9 TITLE: [] DELETE	12.10 NAME: [] CHANGE [] ADDITION	12.11 STREET ADDRESS: [] CHANGE [] ADDITION	12.12 CITY-STATE-ZIP: [] CHANGE [] ADDITION	13.5 TITLE: [] CHANGE [] ADDITION	13.6 NAME: [] CHANGE [] ADDITION
12.13 TITLE: [] DELETE	12.14 NAME: [] CHANGE [] ADDITION	12.15 STREET ADDRESS: [] CHANGE [] ADDITION	12.16 CITY-STATE-ZIP: [] CHANGE [] ADDITION	13.7 TITLE: [] CHANGE [] ADDITION	13.8 NAME: [] CHANGE [] ADDITION
12.17 TITLE: [] DELETE	12.18 NAME: [] CHANGE [] ADDITION	12.19 STREET ADDRESS: [] CHANGE [] ADDITION	12.20 CITY-STATE-ZIP: [] CHANGE [] ADDITION	13.9 TITLE: [] CHANGE [] ADDITION	13.10 NAME: [] CHANGE [] ADDITION
12.21 TITLE: [] DELETE	12.22 NAME: [] CHANGE [] ADDITION	12.23 STREET ADDRESS: [] CHANGE [] ADDITION	12.24 CITY-STATE-ZIP: [] CHANGE [] ADDITION	13.11 TITLE: [] CHANGE [] ADDITION	13.12 NAME: [] CHANGE [] ADDITION

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14. I hereby certify that the information contained herein is true and correct and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation. This document shall be filed with the Secretary of State as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document. SIGNATURE: Gerald E. Seaman DATE: 6-10-98

CR2E034 (10/97)