

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

FILED
Apr 15 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 # **K65957** (8)
1. Corporation Name
PACIFIC COAST CHARTERS, INC.



Principal Place of Business % ROBB R. MAASS 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	Mailing Address % ROBB R. MAASS 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/14/1989	
				4. FEI Number 65-0113334	
				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 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 MAASS, ROBB R. 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		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	
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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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, ALEXIS	1.2 NAME	
STREET ADDRESS	4700 GROVEPORT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NANCY	2.2 NAME	
STREET ADDRESS	17210 S.W. 68TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOOLOAGA, GUILLERMO	3.2 NAME	
STREET ADDRESS	1 DIAMOND SUITE 8	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZEE, JOHN H. SR.	4.2 NAME	
STREET ADDRESS	134 CARTER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	4.4 CITY-ST-ZIP	
TITLE	DO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADEREWSKI, JULES	5.2 NAME	
STREET ADDRESS	3 PEREGRINE CROSSING	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JAMES	6.2 NAME	
STREET ADDRESS	3 PEREGRINE CROSSING	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	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 in an attachment with an address.

SIGNATURE: *Jules Paderewski* 4/7/98 912-352-9120

CP2E034 (10/97)