


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

FILED

Jan 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 # L76411

1. Corporation Name

PARTICULAR PEOPLE CHARTERS, INC.

(2)

NEW ADDRESS

Captain Len & Anita Wassmer
Sweet Liberty
4620 Gail Blvd.
Naples, Florida 34104

Captain Len & Anita Wassmer
Sweet Liberty
4620 Gail Blvd.
Naples, Florida 34104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
05/29/1990	Not Applicable
4. FEI Number	
65-0205242	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
NO	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
NO	
7. Trust Fund Contribution	
8. This corporation owes or has paid the current year's Personal Property Tax due June 30.	<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
WASSMER, ANITA 4620 GAIL BLVD NAPLES FL 34104	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 _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	WASSMER, LEONARD G	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4620 GAIL BLVD	2.1 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	2.2 CITY-ST-ZIP	
TITLE	WASSMER, ANITA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4620 GAIL BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP	
TITLE	BRUNO, PRIMUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	18 BUCKINGHAM	3.1 TITLE	
CITY-ST-ZIP	MANCHESTER CT	3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		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)(f), 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: _____ DATE: _____ Daytime Phone #: 0437857