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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000014995 (3)

J & S CHARTER SERVICES INC.

Principal Place of Business Mailing Address 150 MOTOR PARKWAY 150 MOTOR PARKWAY SUITE 101 SUITE 101 HAUPPAUGE NY 11788 **HAUPPAUGE NY 11788-5108** 3a. Date of Last Report 3. Date Incorporated or Qualified 02/26/1993 05/24/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 13-3713265 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, 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 Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔀 No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAUG, ALBERT 81 % JEFFREY S. RAYNOR, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1155 U.S. HIGHWAY ONE, SUITE 304 JUNO BEACH FL 33408 84 Ċity Zip Code 85 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 tice if applicable (NOTE: Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. Addition Change HIL DELETE 1.1 TITLE HAUG. ALBERT 1.2 NAME NAME 150 MOTOR PARKWAY, STE. 101 1.3 STREET ADDRESS STREET ADDRESS HAUPPAUGE NY 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE THILE 2.2 NAME NAM: STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-ST ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CHTV - 51 - 71P DELETE Change Addition HILE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 5,1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CiTY-ST-ZIP CITY ST-Ziff DELETE Change Addition me 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

SIGNATURE

appears in Block 12 or Bloc

TURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

noed, or on an attachment with an address.

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FILED

May 21 1997 8:00am

Secretary of State