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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027679 (8)

1. Corporation Name
SHOWTIME CHARTERS, INC.

Principal Place of Business
Mailing Address
5017 PERKINS ST
PENSACOLA FL 32526
US

Selection of Business
US

FILED Apr 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3177559 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. X Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ESCOBAR, EDWARD JR 1720 BLAKELY AVE Street Address (P.O. Box Number is Not Acceptable) 82 PENSACOLA FL 32507 83 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 Signature, typod or printed name of registerud agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition ESCOBAR, EDWARD JR NAME 1.2 NAME CR2E034 5017 PERKINS ST STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE MALIF 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 changes, 9 op an attachment with an address.

SIGNATURE:

4/1/98 850-458-1227