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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
96-1997

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

DOCUMENT # P95000048870

1. Corporation Name: R C S CHARTERS, INC

Principal Place of Business: 3630 Yacht Club Drive, Aventura, Fl 33180

Mailing Address:

3. Date Incorporated or Qualified: 6/21/95

3a. Date of Last Report:

4. FEI Number: 65-2596958 — 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 has liability for intangible tax under s. 199.032 Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent: CIS

10. Name and Address of New Registered Agent:
81 Name: Jeanne Stoffman
82 Street Address (P.O. Box Number is Not Acceptable): 3630 Yacht Club Drive
83
84 City: Aventura, FL 85 Zip Code: 33180

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 ____

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Henry Stofman
STREET ADDRESS	3630 Yacht Club Dr
CITY-ST-ZIP	Aventura Fl 33180
TITLE	S/D
NAME	Jeanne Stofman
STREET ADDRESS	3630 Yacht Club Dr
CITY-ST-ZIP	Aventura Fl 33180

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

000002180330--9
-05/15/97--01103--003
****200.00 ****200.00

000002180330--9
-05/15/97--01103--004
****167.00 ****167.00

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

244 SOUTH NINTH STREET
Side Entrance
PHILADELPHIA, PA. 19107
(215) 922-1767-8260

HENRY C. STOFMAN, M.D., F.A.C.S.
Thoracic and General Surgery

108 W. WHITE HORSE PIKE
BERLIN, NEW JERSEY 08009
(609) 767-3222-6223

4/29/97

P82982

Re. H.C.S. Charter Inc
3630 Yacht Club Dr. #652596858
Aventura Fla 33180

My husband has been under a chemo program for two years and I was unaware of the amount to be sent into you or the form. After calling your office I was informed that I should send the checks enclosed and the proper papers to be reinstated. I am enclosing the name of Dr. Stofman physician and the last treatment he has had - if you need a further report for your records please let me know - I will be handling all correspondents from now on, until my husband can take over in September - Thank you

Frances Stofman