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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V31746 (3)
1. Corporation Name
LOUGHREA CHARTERS, INC.



Principal Place of Business: 2539 S. BAYSHORE DRIVE SUITE 415 COCONUT GROVE FL 33133
Mailing Address: LOUGHREA CHARTERS, INC. C/O E.T. CATO P.O. BOX 34216 CHARLOTTE NC 28234 US

3. Date Incorporated or Qualified: 04/20/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0334897
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: Yes No

2. Principal Place of Business
21. 3985 Douglas Road
22. Suite, Apt. #, etc.
23. Miami, FL
24. 33133
25. US
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
CATO, EDGAR T.
2539 S. BAYSHORE DRIVE
SUITE 415
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
81. Name: Cato, Edgar T.
82. Street Address (P.O. Box Number is Not Acceptable): 3985 Douglas Road
83.
84. Miami
85. Zip Code: FL 33133

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: *Edgar T. Cato* DATE: 3-6-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CATO, EDGAR T	
STREET ADDRESS	2539 SO BAYSHORE DR, STE 415	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FAGAN, GREGORY	
STREET ADDRESS	8100 DENMARK RD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cato, Edgar T.	
1.3 STREET ADDRESS	3985 Douglas Road	
1.4 CITY-ST-ZIP	Miami, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edgar T. Cato* DATE: 3-6-97 (MISSISSIPPI)

CR2E034 (9/96)