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03-04-1999 90140 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H78347**

1. Corporation Name
WANER AVIATION, INCORPORATED



Principal Place of Business: **PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH FL 33406 US**
 Mailing Address: **P. O. BOX 18229 WEST PALM BEACH FL 33416 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1985**
 4. FEI Number: **65-0101080** 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIRANNO, GUY
PALM BEACH INTERNATIONAL AIRPORT
1000 BELVEDERE RD
WEST PALM BEACH FL 33406

81 Name: **David Waner**
 82 Street Address (P.O. Box Number is Not Acceptable): **C-109 1000 Belvedere**
 83
 84 City: **West Palm Beach** FL 85 Zip Code: **33406**

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]

Feb 08, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	S	<input checked="" type="checkbox"/>
NAME	TIRANNO, GUY	
STREET ADDRESS	6 BARRY LANE	
CITY-ST-ZIP	SMITHTOWN NY	<i>Deceased</i>
TITLE	VD	<input type="checkbox"/>
NAME	WANER, DOROTHY	
STREET ADDRESS	1104 RHAPSODY WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	CEO	<input type="checkbox"/>
NAME	WANER, DAVID	
STREET ADDRESS	1104 RHAPSODY WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Sec / Tres	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Shamilla, Singh		
1.3 STREET ADDRESS	118 Concor Dr		
1.4 CITY-ST-ZIP	West Palm Beach, FL 33415		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **CEO**

Feb 8, 1999 561-478-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)