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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

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**TIRANNO, GUY
 PALM BEACH INTERNATIONAL AIRPORT
 1000 BELVEDERE RD
 WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

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

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TIRANNO, GUY	
STREET ADDRESS	6 BARRY LANE	
CITY-ST-ZIP	SMITHTOWN NY	<i>Deceased</i>
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WANER, DOROTHY	
STREET ADDRESS	1104 RHAPSODY WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WANER, DAVID	
STREET ADDRESS	1104 RHAPSODY WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
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	Sec / Tres	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 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]* **Feb 8, 1999 561-478-5010**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)