SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # M3

(4)

FILED
Jul 09 1998 8:00am
Secretary of State

MARIS WORDEN AEROSPACE, INC.			
Principal Place of Business	Mailing Address	•	
l . '	.O. BOX 9065		
I (122 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ERO BEACH FL 32963		
US U	\$		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
2. Principal Place of Business // 2	Mailing Address		06/24/1986 4. FEI Number Applied For
21 60 MARINER BEACK LAWE 26]		59-2689000 Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
22 VERO DEACH, H_ 27			5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 28	<u> </u>	0	Trust Fund Contribution
Zip Country 25 U.S.A- 29	Zip 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
24 3 6 7 6 9. Name and Address of Current Regi	ł		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
FLEMING, HAILE & SHAW, P.A.		81 Name	
11760 US HWY. 1, #300		82 Street Add	ress (P.O. Box Number is Not Acceptable)
N.PALM BCH. FL 33408		52 Sileer Addi	ress (F.O. Box Number is Not Acceptable)
*		83	
:		84 City	85 Zip Code
			FL
11. Pursuant to the provisions of sections 607.0502 and 6 office or registered agent, or both, in the State of Flo.	607.1508, Florida Statutes, the	above-named corporati	pration submits this statement for the purpose of changing its registered ion'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.	and a second of the appointment as regions of
SIGNATURE Signature, typed or printed name of registered agent and tills	if apply able MOTE, D	agistered Agent signature req	uired when reinstating) DATE
12. OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSD	DELETE 1	.5 TITLE	Change Addition
NAME WORDEN, ALFRED M.	1	.2 NAME	2-101/ 10126
STREET ADDRESS 410 46TH COURT	1	.3 STREET ADDRESS	GO MARINER DEACH CHAPTER
CITY-ST-ZIP VERO BEACH FL	1	.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE DCT	DELETE 2	11 TITLE	LO MARINER BEACH CANE VIERO BEACH, FL 32963 Change Addition OF MARINER BEACH LAWE VERCO BEACH, FL 32963
NAME MARIS, JOHN M.		2 NAME	O MODINER BEACH LANE
STREET ADDRESS 410 46TH COURT		.3 STREET ADDRESS	15000 BEACH EN 37963
CITY-ST-ZIP VERD BEACH FL	7-3	:4 CITY-ST-ZIP	VERO WEHRA, I'L JEIES
NAME		.2 NAME	Change
STREET ADDRESS	1	3 STREET ADDRESS	1
CITY-ST-ZIP		.4 CITY-ST-ZIP	
TITLE		.1 TITLE	Change Addition
NAME		.2 NAME	
STREET ADDRESS	4	3 STREET ADDRESS	
CITY-ST-ZIP	4	.4 CITY-ST-ZIP	
TITLE	DELETE 5	.1 TIFLE	Change Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	L. Deceie	1 TITLE	Change Addition
NAME STREET ADDRESS		.2 NAME .3 STREET ADDRESS	
CITY-ST-ZIP		.4 CITY-ST-ZIP	
			tion 119.07(3)(i), Florida Statutes. I further certify that the information

i. 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 shapped, or on an attachment with an address.

- W. Jay 11. Co.

ALVERRO M. WORDER

7/1/98 (561)234-2545

:R2E034 (5/98