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03-23-1999 90005 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N26412

1. Corporation Name 108 HANGAR MATES INC.

Principal Place of Business 2 RUE DE LE ROI C/O JAMES F JANSA FT WALTON BEACH FL 32547 US

Mailing Address 2 RUE DE LE ROI C/O JAMES F JANSA FT WALTON BEACH FL 32547-1719 US



2. Principal Place of Business 21 SAME AS ABOVE 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country 26a. Mailing Address 26 SAME AS ABOVE 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country 3. Date Incorporated or Qualified 05/12/1988 4. FEI Number 59-2900288 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

9. Name and Address of Current Registered Agent JANSÁ, JAMES F 2 RUE DE LE ROI FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS Table with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include PD JANSÁ, JAMES F; VD BRANDON, JR A C; STD MCLEAN, MONTE G; D MCLEAN, MONTE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Table with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition. Rows 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

3-22-99 (850) 862-4234

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