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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23111

(8)

FILED
Jan 21 1998 8:00am
Secretary of State

AVIATION ONE INC. Principal Place of Business Mailing Address TIS-RIPER BLVD TTS PIPER BLVD DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1973 SONHLUBER Blud 1973 SouthCREEK Blod 31-1266211 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X Fee Required Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes Yes □Ño Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FUDGE, JOHN D. 3152 DORAL DRIVE 82 Street Ac DAYTONA BEACH FL 32124 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. RS AND DIRECTORS IN 12 13. PD DELETE TITLE 1.1 TITLE Addition FUDGE, JOHN D. NAME 1.2 NAME 3152 DORAL DRIVE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE FUDGE, JON B. NAME 2.2 NAME 1090 SE 6TH AVE STREET ADDRESS 2.3 STREET ADDRESS DANIA FL CiTY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE Judy P. Fudge 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 2/2 CITY - ST - ZIP 3.4. CITY - ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 if changed, or on an attachment with an actives.

SIGNATURE:

THATORE AND

1-8-97

904-788-0447