## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

**FILED** May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6) AVIATION NETWORK, INC. Principal Place of Business Mailing Address 6601 LYONS RD BLDG 1-2 N MIAMI BEACH FL 80160 DO NOT WRITE IN THIS SPACE COCONUT CREEK FL 33073 3. Date Incorporated or Qualified 01/10/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0091423 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intengible 24 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ALMAN, MARTIN H. 17064 W DIXIE HWY 82 N MIAMI BEACH FL 33160 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation st ment for the purpose of changing its registered hereby accept the appointment as registered or both, in the State of Florida Such change was authorized by the corporation's board of directors. I SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE ☐ DELETE 1.1 TITLE ☐ Change Addition NAME ROZENBERG, MICHAEL 1.2 NAME 9616 TAVERNIER DR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME ROZENBERG, ELKA 2.2 NAME STREET ADDRESS 9616 TAVERNIER DR 2.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TOTLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

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 address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

Change

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