FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 213196 (9)AEROMARK CORPORATION Principal Place of Business Mailing Address 105 RICHFIELD OR 105 RICHFIELD DR LAKE PLACID FL 33852 LAKE PLACID FL 33852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1958 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-0840457 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Pro 24 Personal Property Tax due June 30. 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOUGHTON, GEORGE L 105 RICHFIELD DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE PLACID FL 33852 Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agont and title if applicable DATE CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 11 TILE Change TITLE HOUGHTON, GEORGE L 1.2 NAME NAME 105 RICHFIELD DRIVE STREET ADORESS 1.3 STREET ADDRESS LAKE PLACID FL CITY - ST - 789 14 City-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 117LE 6.1 TITLE

Block 12 or Block 13 if changed, or on an atlachment with an address to Prost the 4-23-98 941-465-6996 SIGNATURE:

6.2 NAME

6.3 STREET ADORESS 64 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

NAME

STREET ADDRESS