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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

279712

(4)

TREW-AER-SP. INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2700 SW 14TH ST. 2700 SW 14TH ST. POMPANO BEACH FL 33069-4804 POMPANO BEACH FL 33069-4804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/20/1964</u> 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-1095463 26 Suite, Apl. #, 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 Trust Fund Contribution Added to Fees 23 28 Žip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name COLKER, TERRY M. 2700 SW 14TH ST. Street Address (P.O. Box Number is Not Acceptable) POMPANO BCH. FL 33069 83 84 City Zip Code 11. Pursuant to the office or registe 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 607.0505, Florida Statutes. TERRY M. COLKER SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE COLKER, TERRY 1.2 NAME NAME 2700 SW 14TH STREET 1.3 STREET ADDRESS STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE NAME **COLKER, TERRY** 22 NAME 2700 SW 14TH ST. STREET ADDRESS 2.3 STREET ADDRESS POMPANO BCH. FL 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 TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE Change TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change ___ Addition 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing-close 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 popul is trie 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 justice proposed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed,

SIGNATURE:

M. COLKER