

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

FILED

**Apr 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 287095 (4)
 1. Corporation Name
NATIONAL AVIATION MANAGEMENT CORPORATION

Principal Place of Business 3495 S.W. 9TH STREET FORT LAUDERDALE FL 33315	Mailing Address 3495 S.W. 9TH STREET FORT LAUDERDALE FL 33315
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3495 S.W. 9th Avenue	26 3495 S.W. 9th Avenue			11/18/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1108834	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Ft Lauderdale FL		Ft Lauderdale FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33315	25 U.S.A.	29 33315	30 U.S.A.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOY, THOMAS E 3495 S.W. 9TH STREET Avenue FORT LAUDERDALE FL 33315				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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOY, THOMAS E	1.2 NAME	Wendy B. Robbin
STREET ADDRESS	3495 S.W. 9TH STREET Avenue	1.3 STREET ADDRESS	3495 S.W. 9th Avenue
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	Vice President / Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOY, T RUSSELL	2.2 NAME	Samuel Robbin
STREET ADDRESS	3495 S.W. 9TH STREET Avenue	2.3 STREET ADDRESS	3495 S.W. 9th Avenue
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LEANN	3.2 NAME	
STREET ADDRESS	3495 S.W. 9TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 address.

SIGNATURE: **X** **Thomas E. Boy** 4/1/98 954-359-9400

CR2E034 (10/97)