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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 542288

(6)

BOB-ALONG AIRCRAFT, INC.

FILED Apr 20 1998 8:00am Secretary of State



Dringing Place	o of Puringer	Mailing Address			- I IMBERD DISIE BERED SIDER HADD IDEAL BORN DIBIE BEDEL DERIT DERIT CARE	
Principal Place of Business		<u>.</u>				
- 1990 S.W. DITH AVENUE - 1990 S.W. SITH AVENUE						
THININ IL OUT	" IUDLAM D	R MINNI TE BOYCO	-MIAMI TE-UUICO-		DO NOT WRITE IN THIS	SPACE
MIA	O LUDLAM D MI SPRINGS	FTA 33166			3. Date Incorporated or Qualified 08/05/1977	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		<u></u>	26		59-1936587	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	<del></del> /	8. This corporation owes or has paid the cu	
24	25	29 3	¬ ′		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr		<u> </u>		10. Name and Address of New Registered	Agent
CARTER, RICHARD C. ESQ.				Name		
2633 BACCARAT DR.			_			
	OPER CITY FL 33026		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
	UPER CHT PL 33020		83			
			84	City	F	85 Zip Code
44 -		676 1607 1/ 00 Ft 11 <b>0</b> 1	M - 1	L		
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		Registered Ag	ent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12.	PD OFFICERS A	AND DIRECTORS  DELETE		<del></del>	ADDITIONS/CHANGES TO OTTICENS AN	Change Addition
TITLE	• •	betele	1.1 TITLE			Onlings Reduition
NAME	MOORE, ROBERT JR		1.2 NAME			
STREET ADDRESS	4800 S W 94TH AVE			ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY - ST - ZIP			Ohanna Addition
TITLE		DELETE	2.1 TITLE			Change
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CI1Y-	ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	FADDRESS		
CITY-ST-ZIF			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET	F ADDRESS		
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP		
TITLE		☐ DELETE	51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	.		
STREET ADDRESS			5.3 \$TREET	LADORESS		
CITY-ST-ZIP			5.4 CITY - 5			
TITLE		DELETE	61 TITLE	21.20		☐ Change ☐ Addition
l		المراد المناه	62 NAME			
NAME				t apported		
STREET ADDRESS			1	Í ADDRESS		
CITY-ST-ZIP			64 CITY-5	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 is 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.

Block 12 of Block 13 it changed, or on an attachment with an address.