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

PROFIT CORPORATION ANNUAL REPORT

1998

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F95000000903 (3) DOCUMENT #

CHANCELLOR AVIATION CORP.

Principal Place of Business Mailing Address 197 FIRST STREET 197 FIRST STREET NEEDHAM MA 02194 NEEDHAM MA 02194 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 02/23/1995 Applied For 2. Principat Place of Business 20. Mailing Address 4. FEI Number 21 04-3257976 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Žφ Zıp Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obliquitions of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature require en reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TATLE 1.1 TITLE Change Addition GOSMAN, ABRAHAM D NAME 1.2 NAME CR2E034 **513 NORTH COUNTRY ROAD** STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 CHY-ST-ZIP 1.4 CHY: ST-ZIP DELFTE Addition TITLE 211010 GOSMAN, MICHAEL M 22 NAME NAME 4 SUMMIT ROAD 23 STREET ADDRESS STREET ADDRESS WESTON MA 02193 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CLARY, JAMES M HI NAME 3.2 NAME 101 GREENLAWN AVENUE 3 3 STREET ADDRESS STREET ADDRESS **NEWTON CENTER MA 02159** CITY-ST-ZIP 34 CITY-ST-ZIP DETETE Change Addition TITLE 4 1 TITLE GOSMAN, ANDREW D NAME 4 2 NAME 209 NAHANTON STREET STREET ADDRESS 4.3 STREET ADDRESS **NEWTON MA 02159** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELLIE Change Addition TITLE 5 1 TIFLE BISON, DANIEL NAME 5 2 NAME **513 NORTH COUNTRY ROAD** STREET ADDRESS 5 3 STREET ADDRESS PALM BCH FL

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or suppliemental around report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustree employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of the true of the corporation or the receiver or trustree employeered 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 bu

5 4 CITY-ST-ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELFTE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

90

Change

Addition

FILED

May 15 1998 8:00am

Secretary of State