

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90140 038 ***150.00

DOCUMENT # H78347

1. Corporation Name

WANER AVIATION, INCORPORATED

Principal Place of Business

PALM BEACH INTERNATIONAL AIRPORT
WEST PALM BEACH FL 33406
US

Mailing Address

P. O. BOX 18229
WEST PALM BEACH FL 33416
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1985

4. FEI Number

65-0101080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TIRANNO, GUY
PALM BEACH INTERNATIONAL AIRPORT
1000 BELVEDERE RD
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

David Waner

82 Street Address (P.O. Box Number is Not Acceptable)

C-109 1000 Belvedere

83

84 City

West Palm Beach

FL

85 Zip Code

33406

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 08, 1999

12. OFFICERS AND DIRECTORS

TITLE S
NAME TIRANNO, GUY
STREET ADDRESS 6 BARRY LANE
CITY-ST-ZIP SMITHTOWN NY
Deceased

TITLE VD
NAME WANER, DOROTHY
STREET ADDRESS 1104 RHAPSODY WAY
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE CEO
NAME WANER, DAVID
STREET ADDRESS 1104 RHAPSODY WAY
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sec 1 Tres
1.2 NAME Shamilla, Singh
1.3 STREET ADDRESS 118 Concor Dr
1.4 CITY-ST-ZIP West Palm Beach, FL 33415

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8, 1999 561-478-5010

Date

Daytime Phone #

CR2E034 (11/98)

0369228