

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J47007 (6)
1. Corporation Name
AIRCRAFT DEALERS NETWORK, INC.



Principal Place of Business
5211 S.WASHINGTON AVE.
P.O. BOX F
TITUSVILLE FL 32780

Mailing Address
5211 S.WASHINGTON AVE.
P.O. BOX F
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 12/15/1986 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-2744333 | |
| 24 Country | | 30 Country | | 5. Certificate of Status Desired | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |

| |
|--------------------------------|
| Applied For |
| Not Applicable |
| \$8.75 Additional Fee Required |
| \$5.00 May Be Added to Fees |
| Yes No |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| WELK, DONALD 5211 S.WASHINGTON AVE. TITUSVILLE FL 32780 | | | | 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|------------------------|
| TITLE | C PATCH, GLENN | 1.1 TITLE | CEO |
| NAME | 5211 S. WASHINGTON AVE. | 1.2 NAME | ROMAN ENCHOVSKY |
| STREET ADDRESS | TITUSVILLE FL | 1.3 STREET ADDRESS | 5211 S. WASHINGTON AVE |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | TITUSVILLE, FL 32780 |
| TITLE | P WELK, DONALD | 2.1 TITLE | |
| NAME | 5211 S. WASHINGTON AVE. | 2.2 NAME | |
| STREET ADDRESS | TITUSVILLE FL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | ST RYAN, BEVERLY | 3.1 TITLE | |
| NAME | 5211 S.WASHINGTON AVE. | 3.2 NAME | |
| STREET ADDRESS | TITUSVILLE FL | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 _____

CR2E034 (10/97)