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

officer or director of the corporation Block 12 or Block 13 if changes or

SIGNATURE:

Apr 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K42586 (3)BOCA FLYERS THREE, INC. Principal Place of Business Mailing Address 9100 RED OAK LANE 9100 RED OAK LANE **BOCA RATON FL 33428 BOCA RATON FL 33428** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0082377 21 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the correct year Intangible Personal Property Tax due June 30. 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name BECK, LOUIS S **5269 PRINCETON WAY** 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 83 84 City Zip Code 85 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, typed or printed name of registers a agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change LONGHINI, WILLIAM D NAME 1.2 NAME CR2E034 11261 N.W. 33RD STREET STREET ADDRESS 1.3 STRFE1 ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition BECK, LOUIS S NAME 22 NAME 5269 PRINCETON WAY STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-S1-ZIP 2 4 CiTy - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MANAKAS, CHRIS NAME 9100 RED OAK LANE STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE RUCKER, DAVID W. NAME 4. 2 NAME 1299 S OCEAN BLVD UNIT 4F STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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