

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
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DOCUMENT # K64826 (6)
1. Corporation Name
AVIATION TECHNICAL GROUP, INC.



Principal Place of Business C/O MIRIAM A. FELDMAN 3145 MAPLE LN DAVE FL 33320-3715	Mailing Address C/O MIRIAM A. FELDMAN 3145 MAPLE LN DAVE FL 33320-3715
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4026 INVERRARY BLVD Suite, Apt. #, etc. 22 # 1603 City & State 23 LAUDERHILL, FL Zip 24 33319 Country 25 BROWARD	2a. Mailing Address 26 4026 INVERRARY BLVD Suite, Apt. #, etc. 27 # 1603 City & State 28 LAUDERHILL, FL Zip 29 33319 Country 30 BROWARD	3. Date Incorporated or Qualified 02/10/1989 4. FEI Number 65-0101219 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent FELDMAN, MIRIAM A. 3145 MAPLE LN DAVE FL 33320-3715	10. Name and Address of New Registered Agent 81 Name MIRIAM A FELDMAN 82 Street Address (P.O. Box Number is Not Acceptable) 4026 INVERRARY BLVD. 83 # 1603 84 City LAUDERHILL, FL 85 Zip Code 33319
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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: *Miriam A. Feldman Sec. Tres* 3/19/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDMAN, RON 3145 MAPLE LN DAVE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD FELDMAN, RON 4026 INVERRARY BLVD # 1603 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDMAN, MIRIAM A. 3145 MAPLE LN DAVE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD FELDMAN, MIRIAM A. 4026 INVERRARY BLVD # 1603 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Miriam A. Feldman Sec. Tres* 3/19/98 (954) 485-1831

CR2E034 (10/97)