SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:01

DOCUMENT # **M78062** **(0)**

1. Corporation Name
AVIATION-MARINE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
180 CANTERBURY LANE PALM BEACH FL 33480-3601	180 CANTERBURY LANE PALM BEACH FL 33480-3601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1988
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21): SAME
2a. Mailing Address (26): SAME

4. FEI Number: 65-0046540 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) County (25)
Zip (29) County (30)

8. This corporation has [illegible] for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LORBER, ALAN R.
1140 KANE CONCOURSE
4TH FLOOR
BAY HARBOR ISLANDS FL 33654

10. Name and Address of New Registered Agent

81 Name [illegible]
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	OKIN, ROBERT	12 NAME	
STREET ADDRESS	180 CANTERBURY LANE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	OKIN, ROBERT	22 NAME	
STREET ADDRESS	180 CANTERBURY LANE	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	REGISTER, DEBORAH	32 NAME	
STREET ADDRESS	**RESIGNED 12-26-89**	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	BARRIE, GEORGE	42 NAME	
STREET ADDRESS	19667 TURNBERRY WAY	43 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	COX, PATRICIA	52 NAME	
STREET ADDRESS	180 CANTERBERY LANE	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Robert OKIN 6/6/95 407-833-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000012 CP