

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M78062** (0)

1. Corporation Name: **AVIATION-MARINE ENTERPRISES, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1988	3a. Date of Last Report 06/12/1995
21	Suite, Apt #, etc			4. FEI Number 65-0046540	Applied For <input type="checkbox"/> Not Applicable
22	City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LORBER, ALAN R.
 1140 KANE CONCOURSE
 4TH FLOOR
 BAY HARBOR ISLANDS FL 33654**

note →

10. Name and Address of New Registered Agent
 81 Name: **ROBERT OKIN**
 82 Street Address (P.O. Box Number is Not Acceptable): **180 CANTERBURY LN**
 83
 84 City: **PALM BEACH** FL 85 Zip Code: **33480**

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]* DATE: **6/20/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST OKIN, ROBERT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 OKIN, ROBERT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REGISTER, DEBORAH <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	**RESIGNED 12-26-89**	32 NAME	
STREET ADDRESS	TALLAHASSEE FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	PD BARRIE, GEORGE <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 COX, PATRICIA <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, PATRICIA	52 NAME	
STREET ADDRESS	180 CANTERBURY LANE	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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*****225.00**

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 617, 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, V.P.** DATE: **6/4/96** 407-833-7374

CR2E034 (3/96)