

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

Note →

3. Date Incorporated or Qualified

04/26/1988

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0046540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

☐

Yes ☐ No

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 of registered agent or person authorized to accept appointment

(If both Registered Agent and Director, please print name of Registered Agent)

6/14/96

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	OKIN, ROBERT	
STREET ADDRESS	180 CANTERBURY LANE	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OKIN, ROBERT	
STREET ADDRESS	180 CANTERBURY LANE	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	REGISTER, DEBORAH	
STREET ADDRESS	**RESIGNED 12-26-89**	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARRIE, GEORGE	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-STATE-ZIP	N. MIAMI BCH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COX, PATRICIA	
STREET ADDRESS	180 CANTERBURY LANE	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

900001886879
-07/09/96--01012--036
***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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert OKIN, V.P.

6/14/96 407-833-7374

CR2E034 (3/96)