


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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24519** (1)  
1. Corporation Name  
**JONAS AIRCRAFT & ARMS CO., INC.**

Principal Place of Business  
225 BROADWAY  
NEW YORK NY 10007-3000

Mailing Address  
225 BROADWAY  
NEW YORK NY 10007-3000

**FILED**  
98 OCT 16 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/26/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 13-5608065	
City & State 23		City & State 28		Applied For Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired 8.75 Additional Fee Required	
Zip 29		Country 30		6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent ANTHONY, JANNY OSORIO, MAGALY 911 N.W. 209TH AVENUE SUITE 113 PEMBROKE PINES FL 33029		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			

9. Name and Address of Current Registered Agent ANTHONY, JANNY OSORIO, MAGALY 911 N.W. 209TH AVENUE SUITE 113 PEMBROKE PINES FL 33029		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 Magaly Osorio MAGALY OSORIO 10/13/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	STEINEMANN, GEOFFREY S.	1.2 NAME	
STREET ADDRESS	73 DEAN RD	1.3 STREET ADDRESS	700002669227-0
CITY-ST-ZIP	MENDHAM NJ	1.4 CITY-ST-ZIP	-10/21/98--01061--008
TITLE	VD	2.1 TITLE	Change Addition
NAME	JONAS, ROBERT SHERIDAN	2.2 NAME	***400.00 ***400.00
STREET ADDRESS	105 WARD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	700002669227-0
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-10/21/98--01061--009
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	***150.00 ***150.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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] **REQUIRED** JANUARY 31, 1998 212-619-0330

CR2E034 (10/97)