SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P92000003664 (9)

SUNFISH AVIATION, INC.

	FILED
Jul 10	1998 8:00am
Secre	etary of State

I I CONTROL INC CONTROL PROVEDENTE CONTROL CON

			HILL HAN IN HUNGAL MA	
Mailing Address		ş sanınmı sını anıım trüte Mater Materi Mütte Mütte Mütte	OEIRO IIIIR AIIIB AKUI AIOI IODI	
C/O MICHAEL A. CARALANC 1531 NW 13TH COURT MIAMI FL 33125	). PRES.	DO NOT WRITE IN THIS	SPACE	
		3. Date Incorporated or Qualified		
1 0- 14-16- Add				
			Applied For	
<del> </del>			Not Applicable	
<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		& Election Compaign Financine		
		, , , , , ,	\$5.00 May Be Added to Fees	
Zip	Country			
29	30	Personal Property Tax due June 30.	Yes No	
Registered Agent		10. Name and Address of New Registered	Agent	
		atalana Michael	Δ	
	74,0		12.	
	15		·····	
	83			
			85 Zip Code 33 125	
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				
11 61 1		1-1-6	0	
			<b>8</b>	
DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
DELETE	1.1 TITLE		Change Addition	
-21 41 213 64	1.2 NAME		_ • _	
551 Mω13 C1.	1.3 STREET ADDRESS		·	
	1.4 CITY-ST-ZIP			
DELETE	2.1 TITLE			
	Z. / IIICL		Change Addition	
	2.2 NAME		Change Addition	
			Change Addition	
	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition	
DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME			
	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	[		
DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition	
	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE			
DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition	
DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition	
☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition Change Addition	
DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	1000025868 -07/13/98010740	Change Addition  Change Addition  Change Addition	
	C/O MICHAEL A. CARALANC 1531 NW 13TH COURT MIAMI FL 33125  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Registered Agent  Agent Michael Michae	C/O MICHAEL A. CARALANO. PRES. 1531 NW 13TH COURT MIAMI FL 33125   2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30  Registered Agent  81 Name 82 Street Addres 83 84 City  Ind 607.1508, Florida Statutes, the above-named corporations of sparton 607.0505, Florida Statutes.  A little if applicable (NOTE Registered Agent signature required in the image) DIRECTORS  13.  DELETE 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/O MICHAEL A. CARALANO. PRES. 1531 NW 13TH COURT MIAMI FL 33125  2a. Mailing Address  2b. Suite, Apt. #, etc. 27  City & State  City & State  Country  Coun	

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.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

122/90

\*\*\*150.00

Change

Addition