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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000007731 (1)

E. D. & G. EXECUTIVE AIRCRAFT, INC.

FILED May 18 1998 8:00am Secretary of State



| Principal Place | e of Business | Mailing Address | | | | - 1981:1981 (18 18188 (11)) 881() 88()) 98()) 98() | | III DI II II II II II |
|--|---|--------------------------|-------------------------|-----------|--|--|----------------|-----------------------|
| 5247 N DIXIE HWY 5247 N DIXIE HWY | | | | | | | | |
| A-2 A-2 | | | | | | DO NOT MOTE IN TURO ODAO | | |
| OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 US US | | | 334 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| | | 00 | | | | 01/29/1993 | | |
| 2. Principal Pl | 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | 65-0388584 | - | Not Applicable |
| Suite, Apt. | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | \$8.75 | Additional |
| 22 | 27 | | | | | 5. Cermone of Oracos Desired | Fee F | Required |
| City & State | <u>}</u> .¬ | | | | | 6. Election Campaign Financing | | May Be |
| 23 Zip | Country Zip C | | Cou | intry | | Trust Fund Contribution | | to Fees |
| 24 | 25 29 30 | | ├ ─┐ | 21 till y | All This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. ☐ Yes ☐ No | | | |
| 1571 | g, Name and Address of Current | | 1001 | | | 10. Name and Address of New Registered | | |
| GR | UMMET, KURT | | | 81 | Name | | | |
| 5247 N DIXIE HWY A-2 | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| # 0-1 | | | | Ш | - CHOOL A GOID | No (1.6. Box (16. Box 16. 1.6. 1.6. Cooptable) | | |
| OAI | K lan d Park FL 33334 | | | 83 | | | | |
| | | | | 84 | City | | 85 Zip | Code |
| 44 5 | 100, 400, 607,070 | 0 - 1.007 1.00 First Oc. | | Ш | | FL | | (to) |
| 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 Statutes was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of Section 607,0505, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | | | | 1 |
| | Signature: typed or printed name of regellered ager | | · | d Ager | nt signalure required | - | | 1 |
| 12. | OF HOERS AND | DELETE DELETE | 13. | | - | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO Change | |
| NAME | ABUILDIES MUST | | 1.2 N | | | | | |
| STREET ADDRESS | 5237 N DIXIE HWY #D-1 | | | | ADDRESS | | | |
| CITY-ST-ZIP | OAKLAND PARK FL 33334 | | - 1.4 CITY-ST | | | | | |
| TITLE | DELETE | | | 2.1 TITLE | | | ☐ Change | Addition |
| NAME . | HANSEN, PAUL | | 2.2 NAME | | | | | |
| STREET ADDRESS | 15442 SOMORA DRIVE | | 2.3 \$ | TREET | ADDRESS | | | į |
| CITY-ST-ZIP | SPRING HILL FL | | 2.40 | ITY-S | 1-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TI | TLE | | | ☐ Change | Addition |
| NAME | | | 3.2 N | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | | ITY-S | T - ZIP | | Change | Addition |
| TITLE | | | 4.1 TI 4.2 N | | | | ∟ cuange | Mullion |
| NAME CTOTET ADDRESS | | | | | ADDRESS | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - 5.1 TITLE | | 1-211 | | Change | Addition |
| NAME | | | 5.2 N | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | ITY-SI | | | | |
| TITLE | | DELETE | 6.1 TI | | | | Change | ☐ Addition |
| NAME | | | 6.2 N | AME | | | | |
| STREET ADDRESS | | | 6.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 C | ITY-ST | 1-7IP | | | |

14. I heroby 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 13 if changed, or on an attachment with no address.