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 # P94000019591 (4)

FILED Feb 06 1998 8:00am Secretary of State

THE NEW MEYERS AIRPLANE COMPANY										
Principal Place	e of Business		Mailing	Address				I JURIJURI IIO IRIJA DIDA BUTAF BRIAT RULTI URTU I		IBE IIDI IDEI
6300 STIRLING ROAD 6300 STIRLING ROAD										
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024								DO NOT WINE IN THE	ם מחליים	
US US								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
								03/14/1994		
2. Principal Pi	lace of Business	2a. Maili	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26	26				65-0487763	Not Applicable		
Suite, Apt.	#, etc	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22		27	City & State					Fee Re		
City & State	9	<u> </u>	28				Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1		
Zip Country			Zip					8. This corporation owes or has paid the c		
24	25		29		30			Personal Property Tax due June 30.	☐ Yes 🔀	
		t Registered	Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registere	d Agent		
ERIC DORSKY						81	Name			
	30 S.W. 64TH					Street Add	ss (P.O. Box Number is Not Acceptable)			
DA	WE FL 33314					83				
						83				
						84	City	F	85 Zip (Code
11. Pursuant t	to the provisions	of Sections 607.0502	2 and 607.15	08, Florida Statut	es, the a	bove	e-named corp	poration submits this statement for the purpose	of changing it	s registered
office or re	egistered agent,	or both, in the State	of Florida, Sultions of Sec	ich change was i lion 607,0505. Fli	authorize orida Sta	d by	the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	pointment as	registered
SIGNATURE	Tributing tribute	coopt are esige								
SIGNATURE	Signature, typed or pr	inted name of rog stored ager				d Age	nt signature requi	rod when reinstating) DATE		
12.		OFFICERS AND	DIRECTOR	S DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR Change	S IN 12 Addition
TITLE	OSCEOLA,	MAY R ID		DETER	1.1 1				LT CHAINGE	☐ Yourion
NAME PARET ARROSOG		SARD AVENUE				1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS City-St-Zip	HOLLYWO					ITY - S				
TITLE	VPD			DELETE	2.1 T				Change	☐ Addition
NAME	BILLIE, JAN	MES			2.2 N	AME				
STREET ADDRESS	6300 STIRI				2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	HOLLYWO	OD FL			2.41	JITY-S	ST-ZIP			
TITLE		<u> </u>		☐ DELETE	3.1 T	ITLE			Change	Addition
NAME					3.2 N		1			
STREET ADDRESS	f						ADDRESS			
CITY-ST-ZIP				DELETE	3.4. (4.1 T	CITY - S	ST-ZIP		Change	Addition
TITLE	i	,				NAME			CT CHAING	
NAME Street address							ADDRESS			
CITY-ST-ZIP						(TY-S				
TITLE				DELETE	5.1 1				Change	Addition
NAME					5.2 N	AME				
STREET ADDRESS					5.3 S	TREET	ADDRESS			
CITY-ST-ZIP					5.4 0	ITY-S	T-ZIP			
TITLE				☐ DELETE	6.1 T	ITLE			Change	Addition
NAME					6.2 N					[
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP		formation supplied wi	th this filing o	toon not evolify f		ITY-S		Section 119.07(3)(i), Florida Statutes. I further	cortifu that the	information

indicated on this annual report or supplied with this filling 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 eath; 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.

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