

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000035856 (1)

1. Corporation Name

BTM AIRPLANE CORP.

Principal Place of Business

2300 CORPORATE BLVD., N.W. #238
BOCA RATON FL 33431

Mailing Address

2300 CORPORATE BLVD., N.W. #238
BOCA RATON FL 33431-7308



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/12/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0489322		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE WHITE & CASE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

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, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEMPLE, JOHN W	1.2 NAME	LYNCH, THOMAS E
STREET ADDRESS	2300 CORPORATE BLVD., N.W. #238	1.3 STREET ADDRESS	820 N. FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, R. SCOTT JR.	2.2 NAME	WRIGHT, HAROLD E
STREET ADDRESS	902 CLINTMORE ROAD, SUITE 100	2.3 STREET ADDRESS	500 E. BROWARD BLVD., SUITE 950
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33394
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOINIS, PETER P	3.2 NAME	MORRISON, R. SCOTT JR.
STREET ADDRESS	7940 GLADES ROAD	3.3 STREET ADDRESS	243 NE 5th AVENUE
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Temple

4-23-97

561/997-8841

Date

Daytime Phone #

CR2E034 (9/96)