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May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1994**

4. FEI Number

**65-0489322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

TITLE **D** ☐ DELETE  
NAME **TEMPLE, JOHN W**  
STREET ADDRESS **2300 CORPORATE BLVD., N.W. #238**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ DELETE  
NAME **MORRISON, R. SCOTT JR.**  
STREET ADDRESS **243 NE 5TH AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ DELETE  
NAME **BOINIS, PETER P**  
STREET ADDRESS **7940 GLADES ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **D** ☐ DELETE  
NAME **LYNCH, THOMAS E**  
STREET ADDRESS **820 N FEDERAL HIGHWAY**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ DELETE  
NAME **WRIGHT, HAROLD E**  
STREET ADDRESS **500 E BROWARD BLVD., SUITE 950**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**John W. Temple**

**561/997-8841**

CR2E034 (10/97)