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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000010202 (6)

FILED Apr 23 1998 8:00am Secretary of State

NAVTE	C, INC.				
Principal Place	e of Business	Mailing Address			
3575 FISCAL		P O BOX 10998			
STE 400		SUITE 100			
W PALM BEAHC FL 33404		W PALM BEACH FL 33419		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
Dringing D	trees let the militia	I de segund entrelle		02/07/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#. etc	Suite, Apt. #, etc.		65-0555444	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žφ	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
	(NES, DAVID A		81 Name		
120 S. OLIVE AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
702	•				
WE	ST PALM BEACH FL 33401		83		
			84 City	F	85 Zip Code
office or re agent. Fail SIGNATURE	to the provisions of Sections 607 05 egistered agent, or both, in the Statim familiar with, and accept the obli-	le of Florida: Such change was gations of, Section 607.0505, F	authorized by the corporat	oration submits this statement for the purposition's board of directors. I hereby accept the statement for the purposition's board of directors. I hereby accept the statement for the statement for the purposition of the pu	appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	DPST	DELETE	1.1 TITLE		Change Addition
NAME	HORNSBY, HOWARD		1.2 NAME		
STREET ADDRESS	P O BOX 10998 NA		1.3 STREET ADDRESS		
CITY-S1-ZIP	WEST PALM BEACH FL	· · · · · · · · · · · · · · · · · · ·	1.4 CITY - \$1 - 2IP		
TITLE		☐ DELETE	2.1 Title		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIF TITLE		DELETE	2 4 CiTY - ST - ZiP		Change Addition
NAME			31 THUF		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STHEET ADDRESS		
CATY-\$1 ZIF					
TITLE		DELETE	34 CHY-SI-ZIP 41 THLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-ZIF			4 4 City - ST- ZiP		
TITLE		DLLETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST ZIF			5.4 C(1)Y+S1+Z(P		
TITLE		DILETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST ZIP			64 CITY- S1- ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 trusted 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 attraction and directors.