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

Mailing Address

US

26

29

9000 NW 15TH ST MIAMI FL 33172

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P95000013320 (3)

Country

9. Name and Address of Current Registered Agent

25

RENOVARE AVIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

9000 NW 15TH ST

MIAMI FL 33172

21

22

23

24

Zip

FILED Jan 29 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

02/15/1995

65-056027

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

BAKER, JOHN F				or Name				
2944 OAK PARK CIRCLE DAVIE FL 33320			82	2 Street Address (P.O. Box Number is Not Acceptable)				
DA.	VIE 1 & 00020		83		<u> </u>			
						11 <b>-</b>		
			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 DIREC		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE			Change	Addition	
NAME	BAKER, JOHN F		1.2 NAME				-	
STREET ADDRESS	2944 OAK PARK CIRCLE		1,3 STREET	ADDRESS				
CITY-ST-ZIP	DAVIE FL 33328		1,4 CITY-S	r-zip (				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	BAKER, MARGERY M		2.2 NAME					
STREET ADDRESS	2944 OAK PARK CIRCLE		2.3 STREET	ADDRESS			: 1.	
CITY-ST-ZIP	DAVIE FL 33328		2. 4 CITY-5	T-ZIP				
TITLE	D	DELETE	3.1 TITLE			Change	Addition	
NAME	SMITH, DARLENE C		3,2 NAME	[			ſ	
STREET ADDRESS	10065 NW 54 TERRACE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33178		3.4, CITY-5	T-ZIP				
TITLE		DELETE	4,1 TITLE			Change	Addition	
NAME			4. 2 NAME	Ì			- 1	
STREET ADDRESS			4.3 STREET	ADDRESS			1	
CiTY-ST-ZiP			4.4 CITY-S	r-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME	- 1			1	
STREET ADDRESS			5.3 STREET	ADDRESS		,	l	
CITY-ST-ZIP			5.4 CITY - S	r-ZIP				
TITLE		DELETE	6.1 TITLE	1		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	address (			ĺ	
CITY - ST - ZIP			6.4 CITY - S		<u> </u>			
14. I hereby certify that the information 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 supplied that the port 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 or an attachment with an address.								

Country

30