

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

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Mar 17 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 # **P95000031623 (8)**

1. Corporation Name
BONTONA AVIATION, INC.



Principal Place of Business %REPUBLIC INDUSTRIES. ATN: TERI M. TRIMMER 200 EAST LAS OLAS BLVD., STE. 1400 FT. LAUDERDALE FL 33301	Mailing Address %REPUBLIC INDUSTRIES. ATN: TERI M. TRIMMER 200 EAST LAS OLAS BLVD., STE. 1400 FT. LAUDERDALE FL 33301-2848
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3. Date Incorporated or Qualified 04/19/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0575748	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 450 E. Las Olas Blvd. Suite, Apt. #, etc. 22 Ste. 1200 City & State 23 Ft. Lauderdale, FL Zip 24 33301	2a. Mailing Address 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Ste. 1200 City & State 28 Ft. Lauderdale, FL Zip 29 33301	Country 25 USA Country 30 USA
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HUDSON, HARRIS W 200 E. LAS OLAS BLVD., SUITE 1420 FORT LAUDERDALE FL 33301	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	450 E. Las Olas Blvd. Ste. 1200
STREET ADDRESS		1.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V WRIGHT, PETER 200 E. LAS OLAS BLVD., SUITE 1420 FORT LAUDERDALE FL 33301	2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	450 E. Las Olas Blvd. Ste. 1200
STREET ADDRESS		2.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V KLASSEN, BOBBY 200 E. LAS OLAS BLVD., SUITE 1420 FORT LAUDERDALE FL 33301	3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	450 E. Las Olas Blvd. Ste. 1200
STREET ADDRESS		3.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V HANDLEY, RICHARD L 200 E. LAS OLAS BLVD., SUITE 1420 FORT LAUDERDALE FL 33301	4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	VS
STREET ADDRESS		4.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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, changed, or on an attachment with an address.

SIGNATURE: *Richard L. Handley* **Richard L. Handley** Date **2/20/97** Daytime Phone # **954-713-5300**

CR2E034 (9/96)