

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 450 E LAS OLAS BLVD SUITE 1200 FT. LAUDERDALE FL 33301 US	Mailing Address 450 E LAS OLAS BLVD SUITE 1200 FT. LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/19/1995	4. FEI Number 65-0575748	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WRIGHT, PETER
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	KLASSEN, BOBBY
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/S
4.3 STREET ADDRESS	Cole, James O.
4.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor
	Fort Lauderdale, FL 33301
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	Hyle, Kathleen
5.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor
	Fort Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	Barday, David A.
6.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor
	Fort Lauderdale, FL 33301

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:  James O. Cole 2/17/98 954-769-7221

CR2E034 (10/97)