

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

Amended

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000067261 (4)

Corporation Name

MORAVIA AIRPARK, INC.

Principal Place of Business

4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

Mailing Address

4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

98 SEP 10 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARTIN E. WASHOFKY, E.A., P.A.  
4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

Gary F. Liviane

82

Street Address (P.O. Box Numbers Not Acceptable)

4360 Northlake Blvd

83

Suite 205

84

City

Palm Beach Gardens

FL

85

Zip Code

33410

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 renewing)

08-25-98

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

DAVID, RON M

STREET ADDRESS

4360 NORTHLAKE BLVD., STE. 205

CITY - ST - ZIP

PALM BEACH GARDENS FL 33410

TITLE

NAME

D,VP

STREET ADDRESS

4360 Northlake Blvd, Ste 205

CITY - ST - ZIP

Palm Beach Gardens, FL 33410

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

3000002645983-1

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\*\*\*\*113.75 \*\*\*\*113.75

8/18/98

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:

R. David Ron DAVID

27 AUG, 98 (561) 694-2400

Date

0316004