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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 15 1997 8:00am Secretary of State

1. Corporation Name							
Principal Place of Busines		Mailing Address		.,			
Wick's El	res Navie	S R AVION	100 .				
				LNC,			
13370 SW 131 Street - UNIT 113					3. Date Incorporated or Qualified	3a. Date of Last R	lenovt
MIAM; FL 83186					1/23/96	- Duke of Easi in	фи
2. Principal Prace of Business 2a. Mailing Address					4. FEI Number		pplied For
21 /3370 SW /3/ STR, - 1/3 26 SAME					65-0643072	 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
2 4NIT 11	<u> </u>	27			5. Certificate of States Desired	Fee Re	equired
City & State City & State					6. Election Campaign Financing		May Be
Zip Hìmi	Country	28 Zip	Count		Trust Fund Contribution		to Fees
4 33/86 B	25 U.SA	29	30	'Y	8. This corporation has liability for Florida Statutes	intangible tax under s ☑ Yes ☐ No	. 199.032,
	and Address of Current		1301		10. Name and Address of New Re		
	E POPOVS		8	i Name	:	*************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			8	2 Street Add	ress (P.O. Box Number is Not Acceptat		
10835 FW 146 PL,				30000 700	Dutess (F.O. Box Number is Not Acceptable)		
MIAMI FC 33186				3			
	•		6	4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
						FL C	
 Pursuant to the provision office or registered ac 	ions of Sections 607.0502 ient, or both, in the State of	arid 607.1508, Florida Statu f Florida, Such change was	tes, th e ab o authorized t	ve-named corpora	poration submits this statement for the pation's board of directors. I hereby accept	iurpose of changing if of the appointment as	is registered registered
agent I am tamiliar wi	ith, and accept the obligati	ons of, Section 607,0505, Fi	orida Statuti	28.)	1.10.0	
SIGNATURE DE	Douge Niko	CCS POPOVSK and tille if applicable (NO	1 /2	esi dent	ried when reinstating)	DATE	
12.	OFFICERS AND		13.	Beur erdusinne redu	ADDITIONS/CHANGES TO OFFIC		
Inti >T		☐ DELETE	1.1 TITLE			Change	Addition
NAM! IN THE STATE OF THE STATE	ovski. N	Kolce	1.2 NAME	:	•		
	S 5 W. 146		1.3 STRE	ET ADORESS	·		
CHY-SI-ZIP HIA	MI FL 33	186	1.4 CITY	-ST-ZIP			
	LETÁRY	☐ DELETE	2.1 TITLE			Change	Addition
NAME POP	ouski, ASPA	SIJA	2.2 NAME				
STREET ADDRESS 1083	15 8W 146 P	۷.		ET ADORESS			j
	mi FL 33	186	2. 4 CITY			☐ Charitos	
TITLE		["] Acreic	3.1 TITLE 3.2 NAME	ì			_\ \\\\
NAM* STREET ADDRESS				ET ADDRESS		(7	101
CUY-S1-7/P			3.4. CITY			\prec	λ $^{\prime\prime}$
TILLE Corresponding		☐ DELETE	4.1 TITLE	-01-211	······································	Change	Addition
NAME			4. 2 NAM	E			
STREET ACIDRESS			4.3 STREI	ET ADDRESS			
CHY ST 769			4 4 CITY	ŞT-ZIP			
THT.f		☐ DELETE	5 1 TITLE			☐ Change	Addition
NAM+			5 2 NAME				
S REET ACTIONESS			5 3 STRE	T ADDRESS			
CHY SL 76°			5 4 CiTY-	\$T - ZIP		man appear	
1.[1.		DELETE	6 1 TITLE		60000214	4336	Addition
NAM	ŧ		62 NAME		6000021 4 -04/16/970100	14001	
STREET ADDRESS			1	1 ADDRESS	***165,00	• THE WEST	
CHY SI-701	at the information supplied	with this filing dose not quali	64 CITY		d in Section 119.07(3)(i). Florida Statute	s. I further certify that	the
information indicated	on this annual report or sur	pplemental annual report is t	true and acc	curate and that	t my signature shall have the same lega	l effect as if made un	der oath; that

W. KUNLIN SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR