

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

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Apr 01 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 # **P96000078341 (0)**

1. Corporation Name

PALM BEACH AEROSPACE GROUP, INC.



Principal Place of Business

~~3802 SOUTHERN BOULEVARD~~
WEST PALM BEACH FL 33406

Mailing Address

~~3802 SOUTHERN BOULEVARD~~
WEST PALM BEACH FL 33406-1417

2. Principal Place of Business

21 **3802 Southern Blvd.**
Suite, Apt. #, etc.

22 City & State

23 **West Palm Beach FL**

24 Zip **33406**

2a. Mailing Address

26 **3802 Southern Blvd.**
Suite, Apt. #, etc.

27 City & State

28 **West Palm Beach FL**

29 Zip **33406**

3. Date Incorporated or Qualified

09/20/1996

3a. Date of Last Report

4. FEI Number

65-0697588

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

9. Name and Address of Current Registered Agent

ANANIA, FRANCIS A ESQ
ONE INTERNATIONAL PLACE
100 S.E. 2ND STREET #3300
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ELLIOTT, WILLIAM B**
STREET ADDRESS ~~3802 SOUTHERN BOULEVARD~~
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VP** ☐ DELETE
NAME **GERSHMAN, SHELDON**
STREET ADDRESS ~~3802 SOUTHERN BOULEVARD~~
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VP** ☐ DELETE
NAME **KNOWLES, BYRON**
STREET ADDRESS ~~3802 SOUTHERN BOULEVARD~~
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **PD** ☐ DELETE
NAME **ADAMS, RAY**
STREET ADDRESS ~~3802 SOUTHERN BOULEVARD~~
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **ELLIOT, WILLIAM B**
1.3 STREET ADDRESS **3802 SOUTHERN BLVD.**
1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **GERSHMAN, SHELDON**
2.3 STREET ADDRESS **3802 SOUTHERN BLVD.**
2.4 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **KNOWLES, BYRON**
3.3 STREET ADDRESS **3802 SOUTHERN BLVD.**
3.4 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **ADAMS, RAY**
4.3 STREET ADDRESS **3802 SOUTHERN BLVD.**
4.4 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)