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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084835 (3)

WARBIRDS OF MIAMI, INC.

**FILED** Jan 28 1998 8:00am Secretary of State



 						(1)	(181 <b>6</b> 1) 1881 (181 <b>6</b> 1) 1881	
Principal Place of Business Mailing Address							U  U	
770 CLAUGHTON ISLAND DRIVE. #1109 770 CLAUGHTON ISLAND DRIVE. #111 MIAMI FL 33131 MIAMI FL 33131					DO NOT WRIT	E IN THIS SPACE		
					3. Date Incorporated or Qualified 10/10/1996	A STATE OF THE STA		
2. Principal Place of Business 28. Marling Address 29. Z SE ST			Aira				pplied For	
21 26 21 3E 31 A Suite, Apt. #, etc. Suite, Apt.,#, etc.			AUG		65-0647027		ot Applicable	
27 Suite 810			Ď		5. Certificate of Status Desired	Fee Hequired		
City & Stat	3 28 MIAT				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		to Fees	
Zip 24	Country	2 Zip B3 131	Gour 30	"S <b>A</b>	8. This corporation owes or has p		tangible No	
[24]	25] g. Name and Address of Curi	120	1301	<u> </u>	Personal Property Tax due Jun  10. Name and Address of New R		7 140	
SCHNEIDER, MARK A 81 Name								
-770 GLAUGHTON ISLAND DRIVE, #1109 MIAMI PL 33191				82 Street Addr	at Address (P.O. Box Number is Not Acceptable)			
				83				
			<u>-</u>	B4 City	ite 810	BE Zin	Code	
			[		18MI		3131	
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 reinstalling). DATE								
12.		AND DIRECTORS	13.	Ageni agratate requi	ADDITIONS/CHANGES TO OFFI		3S IN 12	
TITLE	PVST	DELETE	1.1 TO	E		Change	☐ Addition Ş	
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NAME			6.2 NAM	AE .			1	
Street Address			6.3 STR	EET ADDRESS			)	
CITY-ST-ZIP				/-ST-ZIP				
14. I hereby o	certify that the information supplied on this appulation of this appulation.	l with this filing does not qualify to tal appual report is true and ac	for the exer	nption stated in	Section 119.07(3)(i), Florida Statutes.	I further certify that the if made under path: the	information	

niuncated on this attribut report or supplied the initial report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am a 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.