

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

FILED

Feb 10 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 # P97000011078 (7)

1. Corporation Name  
L & M AIRWAYS, INC.

Principal Place of Business  
2565 IROQUOIS CIRCLE  
W PALM BEACH FL 33409

Mailing Address  
2565 IROQUOIS CIRCLE  
W PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5900 NW 4TH AVE Suite, Apt. #, etc. 22 City & State 23 BOCA RATON, FL Zip 24 33487 Country 25		2a. Mailing Address 26 5900 NW 4TH AVE Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL Zip 29 33487 Country 30		3. Date Incorporated or Qualified 01/31/1997	
4. FEI Number 65-0721969		Applied For 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		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MANOHEY, JOHN D  
2565 IROQUOIS CIRCLE  
W PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name R C LAUX  
82 Street Address (P.O. Box Number is Not Acceptable)  
5900 NW 4TH AVE  
83  
84 City BOCA RATON FL 85 Zip Code 33487

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 *Robert Christopher Laux* Robert Christopher Laux

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, JOHN D	1.2 NAME	
STREET ADDRESS	2565 IROQUOIS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33409	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUX, R C	2.2 NAME	
STREET ADDRESS	5900 N.W. 4TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Robert Christopher Laux*

(Signature, typed or printed name of filing officer or director)

1/28/98 (561) 994-3848

CR2E034 (1097)