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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000026607 (6) DOCUMENT #

EASTERN ATLANTIC AIRWAYS, INC.

Principal Place of Business Mailing Address 100 RIALTO PLACE 100 RIALTO PLACE **SUITE 514** SUITE 514 DO NOT WRITE IN THIS SPACE MELBOURNE FL 32901 MELBOURNE FL 32901 3. Date Incorporated or Qualified 03/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo BLANCHARD, RALPH J 100 RIALTO PLACE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 514 83 MELBOURNE FL 32901 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and trail if apply able (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS (10/97 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE paesident 1.1 TITLE ☐ Change Addition NAME RALPH J. BIANCHARD 1.2 NAME CR2E034 100 RIACT PLACE SUITE SIY STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MELLOURNE F-1.4 CITY - ST - ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIE ☐ DELETE TITLE 3 1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TOLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$T - ZIP 4.4 C(TY - ST - Z(P DELFTE TITLE ☐ Change 5.1 WILE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing closs not qualify 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

5.4 CITY - ST - ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Jun 18 1998 8:00am Secretary of State



Change

-0**6**/19/98--01060--0**4**6

***150.00

Addition