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 # P97000034197 (8)

AIRCRAFT HARDWARE AND SUPPLY CO.

Principal Place of Business Ma

920 NE 17TH AVE. STE 1 FORT LAUDERDALE FL 33304 Mailing Address

920 NE 17TH AVE. STE 1 FORT LAUDERDALE FL 33304

FILED Mar 11 1998 8:00am Secretary of State



| FORT LAUDERDALE FL 33304 | | PORT ENGLERBALE PE 00004 | | DO NOT WRITE IN THIS SPACE | | |
|--|---|----------------------------------|----------------------------------|--|-----------------------------------|--|
| | | | | 3. Date Incorporated or Qualified , 04/14/1997 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| | NW 28 WAY | 26 1801 MIDDLE | E RIVER DE | R. 65-0750250 | Not Applicable | |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stat | e | Cily & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 FT. L | AUDERDALE FL | 28 FT. LAUDERI | | Trust Fund Contribution | Added to Fees | |
| Ziρ 333309 | Country | 7ip 30 33305 | Country | 8. This corporation owes or has paid the cu | | |
| 24 33309 | [No. 1 No. | 100 | J USA | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes Ann | |
| B4 Name | | | | | | |
| LANDASIEN, CLINION E | | | | LANCASTER, CLINTON E | | |
| 920 NE 17TH AVE STE 1 | | | 62 Street A | dress (P.O. Box Number is Not Acceptable) I MIDDLE RIVER DR. | | |
| FORT LAUDERDALE FL 33304 | | | 63 UNI | | | |
| 84 | | | | | les Zin Code | |
| | | | FORT | r LAUDERDALE FL | _ 85 33365 | |
| 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 family with, and accept the obligations of, Soction 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE Climitor to function the functional form of the formation of the | | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | D CONTRACTOR CONTRACTOR | ☐ DELETE | 1.1 TITLE | D CLINDON B | Change Addition | |
| NAME | LANCASTER, CLINTON E | | 1.2 NAME | LANCASTER, CLINTON E | 1181 T 71 2 | |
| STREET ADDRESS | 920 NE 17TH AVE. STE 1 FORT LAUDERDALE FL 33304 | | 1.3 STREET ADDRESS | 1801 MIDDLE RIVER DR. FORT LAUDERDALE FL | UNIT 3 33305 | |
| CFTY-ST-ZIP TITLE | FUNI DAUDENDALE PL 33304 | DELETE | 1.4 CITY - ST - ZIP 2 1 TITLE | FORT LAUDERDALE FL | ☐ Change ☐ Addition | |
| NAME | | E Decere | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | • | | 3.2 NAME | | | |
| STREET ADDRESS | İ | | 3.3 STREE1 ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | Locier | 4.4 CITY-ST-ZIP | | Change Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | The results The Workfold | |
| NAME | | | 5.2 NAME | · | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY-ST-ZIP 61 TITLE | | Change Addition | |
| TITLE | | L. J DELETE | 62 NAME | , | | |
| NAME | | | 63 STREET ADDRESS | • | | |
| STREET ADDRESS | | | 6.4 CITY-ST-ZIP | | | |
| City-St-ZiP | certify that the information supplied with | this filing does not qualify for | the exemption stated | f in Section 119.07(3)(i), Florida Statutes. I further c | ertify that the information | |

. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that in 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:

Clinton T. Lancaster

Much 8, 1998