## 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 # P97000068172 (0)

R.T.C. AVIATION, INC.

## **FILED** Jan 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 310 FLAMINGO LN. 310 FLAMINGO LN. DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1100 Lee WAGENER BL 26 1100 LEE WAGENER BLVD Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 32 SUITE 327 FL. JET CHTR Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FORT LAUDER DALE FORT Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 33315 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARMUTH, W.F. HARMUTH HARMAINE 310 FLAMINGO LN. DELRAY BEACH FL 33444 83 2£ 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. for the purpose of changing its registered by accept the appointment as registered PRESIDENT SIGNATURE CHARMAINE HARMUTH ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE PRESIDENT Change NAME 1.2 NAME CHARMAINE HARMUTH APT 104 STREET ADDRESS 1.3 STREET ADDRESS 358 LAKEVIEW DRIVE CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZiP 3.4. CITY-ST-ZIP DELFTE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TOT1 F NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS City-ST-70P 6.4 CiTY-\$T-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 hade 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 or an attention with an address.

SIGNATURE: