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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091211 (7)

1. Corporation	on Name AR AVIATI		C.		<i>1</i> 312	'' (/)												
Principal Place of Business Mailing Address											{								
1341 SE 4TH AVENUE POMPANO BEACH FL 33060					1341 SE 4TH AVENUE POMPANO BEACH FL 33060								DO NO	T WOIT	E INI YUI	ie edac	26		
											3. Date Inc	ornoral			E IN THI	S SPAC	,E		
												23/199		adin loca					
2. Principal Place of Business					2a. Mailing Address						4. FEI Nun	ober		<u> </u>	. 1		A	pplied	For
21					26						12-1	219	389	10	4				licable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.						5. Certifica	ate of St	atus Des	ired			8.75 Fee Ri		
22 City & State					City & State						6. Election	Compo	ian Eina	neina			5.00		
23					28						Trust Fu		-	licing			Added		
Zip	Country				Zip Co			Country			8. This cor	poration	owes o	r has p	aid the o	current	year In	tangib	le
24	25				30						Persona					☐ Ye		No	
g, Name and Address of Current Registered Agent SEIFERT, THEODORE R										ame	10. Name a	na Aaa	ress of	New H	egistere	a Ager			
	seireni, ii 1341 SE 4T						81 82												
	POMPANO						St	reet Addr	et Address (P.O. Box Number is Not Acceptable)										
•	J.,,,, ,	DE 1011 1						·											
			84	Ci	lv						. 85	7in	Code						
										•					F	L			
11. Pursuant office or a	to the provis registered ag	ions of Se gent, or bo	ections 607.050 oth, in the State)2 and i of Flor	607.1508, F rida. Such c	lorida Statu hange was	tes, the authori:	above zed by	e-na y the	med corp corporati	oration submits ion's board of o	s this sta directors	atement s. I hereb	for the by acce	purpose pt the a	of chai	nging it nent as	ts regist	stered ered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes 																			
SIGNATURE	Signature, typed	or printed na	and of registered age	out and til	ked applicable	(NÚ)	1E: Registe	orad Age	ent sig	nature require	ed when reinstating)				DATE				
12.			OFFICERS AN	D DIRE			13	3.			ADDITIO	NS/CHA	NGES T	O OFFI	CERS A	ND DIR	ECTOF	RS IN	12
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STREET ADORESS 6								6 3 STREET ADDRESS											
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14. 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 of 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 attackment with an address.