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

PROFIT ELORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 JUN -5 PM 3: 48 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000106399 (3) SECRETARY OF STATE TĂLLAĦASSEE, FLORIDA P & E AVIATION, INC. Principal Place of Business Mailing Address 190 PINELLAS LANE #410 190 PINELLAS LANE #410 COCOA BEACH FL 32931 COCOA BEACH FL 32931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3486255 Not Applicable 21 Suite Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Ζφ Country Country 8. This corporation owes or has paid the current year intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MARKEY & FOWLER, P.A. 410 WEST MERRITT AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 MERRITT ISLAND FL 32953 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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 Registered Agent signature required when reinstating) Signiture, typed or printed name of rejestered agent and the diapplicable (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE NAPOLITANO, PHILIP A CR2E034 1.2 NAME NAME 190 PINELLAS LANE #410 13 STREET ADDRESS STREET ADDRESS **COCOA BEACH FL 32931** -013 1.4 City-St-ZIP CITY-ST-7IP DELETE 2.1701LE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-Z#P 3.4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST 4 4 CHY - ST - ZIP DELFTE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7/P CITY-ST-ZIP DELETE Change Addition 61 THE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

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6.4 CiTY - ST - ZIP

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee compowered 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

STREET ADDRESS

CITY-ST-ZIP