## 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 # S29062

(4)

AVIATION, POWER & MARINE, INC.

**FILED** Jan 29 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address          |                                                                                   |                                                                     |                             |                     |                                                                                                          | i Bibli Bibli bibli bibli bibli bibli |  |
|------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------|---------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| P O BOX 812008 P O BOX 812008                        |                                                                                   |                                                                     |                             |                     |                                                                                                          |                                       |  |
| BOCA RATON FL 33481 BOCA RATON FL 33481              |                                                                                   |                                                                     |                             |                     |                                                                                                          |                                       |  |
|                                                      |                                                                                   |                                                                     |                             |                     | DO NOT WRITE IN THIS                                                                                     | SPACE                                 |  |
|                                                      |                                                                                   |                                                                     |                             |                     | 3. Date Incorporated or Qualified                                                                        |                                       |  |
| 2. Principal Place of Business   2a. Mailing Address |                                                                                   |                                                                     |                             |                     | 01/30/1991<br>4. FEI Number                                                                              | Applied For                           |  |
| 21 26                                                |                                                                                   | — ·                                                                 | <u> </u>                    |                     | 65-0253079                                                                                               | Not Applicable                        |  |
| L.                                                   |                                                                                   | Suite, Apt. #, etc.                                                 | Suite, Apt. #, etc.         |                     | 5. Certificate of Status Desired                                                                         | \$8.75 Additional                     |  |
| 22 27                                                |                                                                                   |                                                                     |                             |                     | 6. Certificate of Status Desired                                                                         | Fee Required                          |  |
| City & State                                         |                                                                                   | City & State                                                        |                             |                     | 6. Election Campaign Financing                                                                           | <b>\$5.00</b> May Be                  |  |
|                                                      | 3                                                                                 |                                                                     | Country                     | ,                   | Trust Fund Contribution                                                                                  | Added to Fees                         |  |
| 24                                                   | 25                                                                                | <u>}</u> , '                                                        | 30                          | f                   | 8. This corporation owes or has paid the cur Personal Property Tax due June 30.                          | rent year Intangible                  |  |
|                                                      | 9. Name and Address of Currer                                                     |                                                                     | 301                         |                     | 10. Name and Address of New Registered                                                                   |                                       |  |
| MA                                                   | ZER, BARRY                                                                        |                                                                     | 81                          | Name                |                                                                                                          |                                       |  |
| 1181 S. ROGERS CIR.                                  |                                                                                   |                                                                     | 82                          | Street Add          | Iress (P.O. Box Number is Not Acceptable)                                                                |                                       |  |
| SUITE 22                                             |                                                                                   |                                                                     | L                           | Oli Ook Add         | acceptable)                                                                                              |                                       |  |
| BOCA RATON FL 33487                                  |                                                                                   |                                                                     | 83                          |                     |                                                                                                          |                                       |  |
|                                                      |                                                                                   |                                                                     | 84                          | City                |                                                                                                          | 85 Zip Code                           |  |
| 11 Pursuant                                          | to the provisions of Sections 607 050                                             | 2 and 607 1508. Florida Statuto                                     | e the above                 | n-named core        | FL poyetion submits this statement for the purpose                                                       | shanaina its saaista ad               |  |
| office or r                                          | egistered agent, or both, in the State m familiar with, and accept the obligation | of Florida, Such change was au<br>ations of, Section 607,0505, Flor | uthorized by<br>ida Statute | the corpora         | poration submits this statement for the purpose of<br>tion's board of directors. I hereby accept the app | ointment as registered                |  |
| SIGNATURE                                            |                                                                                   |                                                                     |                             |                     |                                                                                                          |                                       |  |
| l                                                    | Signature, typed or printed hame of registered age                                |                                                                     | _                           | ent signature requi | red when reinstating) DATE                                                                               |                                       |  |
| 12.                                                  | OFFICERS ANI                                                                      | D DIRECTORS DELETE                                                  | 13.<br>1.1 TITLE            | <del></del>         | ADDITIONS/CHANGES TO OFFICERS AND                                                                        | DIRECTORS IN 12                       |  |
| NAME                                                 | MAZER, BARRY                                                                      |                                                                     | 1.2 NAME                    |                     |                                                                                                          | Clarige Aportion                      |  |
| STREET ADDRESS 1181 S. ROGERS CIR., STE. 22          |                                                                                   | 1.3 STREE 1                                                         | ADDRESS                     |                     |                                                                                                          |                                       |  |
| CITY-ST-ZIP                                          | BOCA RATON FL                                                                     |                                                                     | 1.4 CITY - S                | 1                   |                                                                                                          |                                       |  |
| TITLE                                                | V                                                                                 | DELETE                                                              | 2.1 TITLE                   |                     |                                                                                                          | Change Addition                       |  |
| NAME                                                 | DAWN MAZER                                                                        |                                                                     | 2.2 NAME                    |                     |                                                                                                          |                                       |  |
| STREET ADDRESS                                       | 1181 S ROGERS CIR STE 22                                                          |                                                                     | 2.3 STREET                  | ADDRESS             |                                                                                                          |                                       |  |
| CITY-ST-ZIP                                          | BOCA RATON FL                                                                     |                                                                     | 2. 4 CITY - 5               | ST - 21P            |                                                                                                          |                                       |  |
| TITLE                                                | V                                                                                 | DELETE                                                              | 3.1 TITLE                   |                     |                                                                                                          | ☐ Change ☐ Addition                   |  |
| NAME                                                 | MIBAB, ALAN                                                                       |                                                                     | 3.2 NAME                    |                     |                                                                                                          |                                       |  |
| STREET ADDRESS                                       | 1181 S. ROGERS CIRCLE STI                                                         | E. 22                                                               | 3.3 STREET                  |                     |                                                                                                          |                                       |  |
| CITY-ST-ZIP                                          | BOCA RATON FL 33487                                                               | DELETE                                                              | 3.4 CITY-5                  | ST-ZIP              |                                                                                                          |                                       |  |
| TITLE<br>NAME                                        |                                                                                   | LI DECE IE                                                          | 4.1 TITLE                   | ĺ                   |                                                                                                          | Change [_] Addition                   |  |
| STREET ADDRESS                                       |                                                                                   |                                                                     | 4.2 NAME                    | ADDOLCC             |                                                                                                          |                                       |  |
| CITY-ST-ZIP                                          |                                                                                   |                                                                     | 4 3 STREET                  |                     |                                                                                                          |                                       |  |
| TITLE                                                | <del></del>                                                                       | DELETE                                                              | 4.4 CITY-S<br>5.1 TITLE     | 1 - ZIP             |                                                                                                          | Change Addition                       |  |
| NAME                                                 |                                                                                   | End precie                                                          | 5.1 INCE                    |                     |                                                                                                          | L Shange L Addition                   |  |
| STREET ADDRESS                                       |                                                                                   |                                                                     | 5.3 STREET                  | ADDRESS             |                                                                                                          |                                       |  |
| CITY-ST-ZIP                                          |                                                                                   |                                                                     | 5.4 CITY - S                | ·                   |                                                                                                          |                                       |  |
| TITLE                                                | ····                                                                              | DELETE                                                              | 6.1 TITLE                   |                     |                                                                                                          | ☐ Change ☐ Addition                   |  |
| NAME                                                 |                                                                                   |                                                                     | 6.2 NAME                    |                     |                                                                                                          |                                       |  |
| STREET ADDRESS                                       |                                                                                   |                                                                     | 6.3 STREET                  | ADDRESS             |                                                                                                          |                                       |  |
| CHTY-ST-7IP                                          |                                                                                   |                                                                     | 6.4 CHV. C                  | I .                 |                                                                                                          |                                       |  |

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 made under oath; that I am an officer or director of the corporation or the receiver of trailing 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, if on an attachment with an address.