## 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 # \$57499** 

CONCORDE AEROSALES, INC.

(3)

FILED Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1100 LEE WAGENER BLVD. 1100 LEE WAGENER BLVD. SUITE 344 SUITE 344 DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 3. Date Incorporated or Qualified 06/06/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0277056 Not Applicable Suite, Apt. #, etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BALDWIN, MARCIA K. Name 1100 LEE WAGENER BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 344** 83 FORT LAUDERDALE FL 33315 Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change TITLE 1.1 TITLE BALDWIN, MARCIA K. NAME 12 NAME 7961 NW 4TH PLACE STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELFTE ☐ Addition TITLE 2.1 TITLE \_\_\_ Change NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELFTE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP 🔲 DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST- 2IP TITLE DELETE 6 1 TITLE Change Addition 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS** CITY-ST-ZIP 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 oath; that I am an officer or director of the corporation or the receiver or topics empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in