

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$276 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 JUN 19 AM 11:51

DOCUMENT # S68986 (6)

1. Corporation Name
INTERNATIONAL AVIATION PALM BEACH, INC.

Principal Place of Business Mailing Address
 1500 PERIMETER RD. 1500 PERIMETER RD.
 W. PALM BCH. FL 33408 W. PALM BCH. FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/26/1991		3a. Date of Last Report 04/22/1994	
4. FEI Number 65-0284220		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country

9. Name and Address of Current Registered Agent TURNQUIST, WAYNE 1500 PERIMETER ROAD W. PALM BCH. FL 33408		10. Name and Address of New Registered Agent 81 Name GARY A. SCHNORR 82 Street address (Post Office Box Number is Not Acceptable) 1500 PERIMETER ROAD 83 PALM BEACH INTERNATIONAL AIRPORT 84 City PALM BEACH, 85 Zip Code FL 33408	
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **GARY A. SCHNORR, DIRECTOR** (NOTE: Registered Agent signature required when reinstating) DATE **6-8-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, HARVEY	1.2 NAME	
STREET ADDRESS	701 PELHAM ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ROCHELLE NY	1.4 CITY - ST - ZIP	
TITLE	TURNQUIST, WAYNE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5189 WING ROAD	2.2 NAME	S/T/D
STREET ADDRESS	LAKE WORTH FL	2.3 STREET ADDRESS	CAROL BENNETT-SCHNORR
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	12 LAWRIDGE DRIVE
TITLE	WALESCH, ROBERT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6168 EAGLES NEST DR.	3.2 NAME	V/D
STREET ADDRESS	MANTER FL	3.3 STREET ADDRESS	BARBARA BENNETT-RONES
CITY - ST - ZIP	MANTER FL	3.4 CITY - ST - ZIP	8 GLEN LANE
TITLE	SMITH, DAVID	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18873 GOAL RUN DRIVE	4.2 NAME	D
STREET ADDRESS	DAVITA FL	4.3 STREET ADDRESS	GARY A SCHNORR
CITY - ST - ZIP	DAVITA FL	4.4 CITY - ST - ZIP	12 LAWRIDGE DRIVE
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	GARY M. RONES
CITY - ST - ZIP		5.4 CITY - ST - ZIP	8 GLEN LANE, MAMARONECK, NY 10543
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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 and changed, or on an attachment with an address.

SIGNATURE: **GARY A. SCHNORR, DIRECTOR** DATE: **6-8-95 (914) 682-7792**

CFR2E034 (3/95)