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PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **S68986**

(6)

1. Corporation Name

INTERNATIONAL AVIATION PALM BEACH, INC.



Principal Place of Business

Mailing Address

**1500 PERIMETER RD.
W. PALM BCH. FL 33406**

**1500 PERIMETER RD.
W. PALM BCH. FL 33406**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

27

28

9. Name and Address of Current Registered Agent

**SCHNORR, GARY A
1500 PERIMETER ROAD
PALM BEACH INTERNATIONAL AIRPORT
PALM BCH FL 33406**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent or director

(If the Registered Agent is a corporation, enter the name of the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PCD**
STREET ADDRESS **BENNETT, HARVEY**
CITY-ST-ZIP **701 PELHAM ROAD**
NEW ROCHELLE NY

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **BENNETT-SCHNORR, CAROL**
CITY-ST-ZIP **12 LAWRIE DRIVE**
RYE BROOK NY

15 TITLE ☐ Change ☐ Addition
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BENNETT-RONES, BARBARA**
CITY-ST-ZIP **8 GLEN LANE**
MAMARONECK NY

19 TITLE ☐ Change ☐ Addition
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCHNORR, GARY A**
CITY-ST-ZIP **12 LAWRIE DRIVE**
RYE BROOK NY

23 TITLE ☐ Change ☐ Addition
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RONES, GARY M**
CITY-ST-ZIP **8 GLEN LANE**
MAMARONECK NY

27 TITLE ☐ Change ☐ Addition
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96 (407) 478-8700
Date Daytime Phone #

CR2E034 (12/95)