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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V62053

(6)

MARIEN AIR INC.

Principal Place of Business

Mailing Address

## FILED Feb 17 1998 8:00am Secretary of State



7990 15TH STREET EAST 7990 15TH STREET EAST SARASOTA FL SARASOTA FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/03/1</u>992 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number Enso W MCLIAB RD Not Applicable NOT APPLICABLE 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 108 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing r L TAMARR Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible 33321 30 BRDWARD X Yes □ No Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KURTZ, JOHN D. 388 S. MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33415** 83 Zip Code 84 85 City 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 DATE Signature, typed or ponted name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. X Change \_\_\_ Addition DELETE TITLE 1.1 TITLE HODGES, PAKLT NAME HODGES, PAUL T. 1.2 NAME 8080 W. McDAB RO STREET ADDRESS 7990 15TH STREET EAST 1.3 STREET ADDRESS 3332 sarasota fl TA MARAC CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 THILE Change Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 or trusted 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:

To el Embro ADA

5149 562 008 86 TTBUNDERS 100