

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90002 028 ***150.00

DOCUMENT # 164901

1. Corporation Name

AVIATION INTERNATIONAL CORPORATION

Principal Place of Business
5555 N. W. 36TH ST.
MIAMI SPRINGS FL 33166-2886

Mailing Address
5555 N. W. 36TH ST.
MIAMI SPRINGS FL 33166-2886

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1951

4. FEI Number
59-0647673

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSSMAN, LEONARD
4699 S.W. 72ND AVENUE
MIAMI FL 33155

81 Name

STEPHEN J. MYER

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

5555 NW 36 ST

83

84 City

Miami Springs

FL

85 Zip Code

33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME MYER, GREGORY L.
STREET ADDRESS 5350 SW 115 AVE.
CITY-ST-ZIP COOPER CITY FL 33330

☐ DELETE

1.1 TITLE vice president
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Treasurer
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD
NAME MYER, STEPHEN J
STREET ADDRESS 17325 SW 88TH CT
CITY-ST-ZIP MIAMI, FL 00000 33157

☐ DELETE

2.1 TITLE President
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE PD
NAME MYER JR, ROBERT R
STREET ADDRESS 1865 BRICKELL AVE
CITY-ST-ZIP MIAMI, FL 00000 33129

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LAIRD A. MYER
STREET ADDRESS 830-13 A1A NORTH #127
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GERALDINE Q. MYER
STREET ADDRESS 1865 BRICKELL AVE. ANDROS 1009
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROBERT R. MYER III
STREET ADDRESS 124 HORSESHOE LANDING
CITY-ST-ZIP HAMPTON VA 23669

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-99 305-888-6486

0238798

CR2E034 (11/98)