

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000002241 (6)**

1. Corporation Name
AVIATION, INC.



Principal Place of Business
**7575 EAST FULTON ROAD
ADA MI 49355**

Mailing Address
**7575 EAST FULTON ROAD
ADA MI 49355**

| | | | |
|--------------------------------|-------------|-------------------------|-------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | |
| | | Tax Dept., FB-1V | |
| 23. City & State | | 28. City & State | |
| | | | |
| 24. Zip | 25. Country | 29. Zip | 30. Country |

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 05/08/1995 | 3a. Date of Last Report |
| 4. FLE Number 38-3234551 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |
| 85. Zip Code | |

11. Pursuant to the provisions of Sections 607.0507 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 printed name of officer or director) _____ (Typed or printed name of registered agent) _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | CCOB <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAN ANDEL, JAY | 1.2 NAME | |
| STREET ADDRESS | 7575 EAST FULTON ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ADA MI 49355 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVOS, RICHARD M JR | 2.2 NAME | |
| STREET ADDRESS | 7575 EAST FULTON ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ADA MI 49355 | 2.4 CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> DELETE | 3.1 TITLE | P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSLONIEC, JAMES J | 3.2 NAME | |
| STREET ADDRESS | 7575 EAST FULTON ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ADA MI 49355 | 3.4 CITY-ST-ZIP | |
| TITLE | SAT <input type="checkbox"/> DELETE | 4.1 TITLE | V/S/AT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGEL, ALLAN D | 4.2 NAME | |
| STREET ADDRESS | 7575 EAST FULTON ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ADA MI 49355 | 4.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, KIM S | 5.2 NAME | |
| STREET ADDRESS | 7575 EAST FULTON ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ADA MI 49355 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 199.07(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 of this report or on an attachment with an address.

SIGNATURE: **Allan D. Engel, VP, Sec., & Ass't. Treas.** 4/24/96 (616)787-6000

CR2E034 (12/95)