

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90014 031 ***550.00

DOCUMENT # **J66655**

1. Corporation Name

AVIOR TECHNOLOGIES, INCORPORATED



Principal Place of Business

Mailing Address

~~44375 SW 119TH AVENUE~~ **7740 SW 141 ST** ~~MIAMI FL 33186~~ **33158**
US

~~44375 SW 119TH AVENUE~~ **P.O. Box 2480**
~~MIAMI FL 33186~~ **KENNESAW GA 30144**
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1987

4. FEI Number

59-2788996

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.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **7740 SW 141 STREET**

26 **P.O. Box 2480**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **MIAMI FL**

City & State

28 **KENNESAW GA**

Zip

24 **33158**

Country

25 **US**

Zip

29 **30144**

Country

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEARING, MICHAEL G.

~~44375 SW 119TH AVENUE~~ **7740 SW 141 ST**
~~MIAMI FL 33186~~ **MIAMI FL 33158**

81 Name

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

7740 SW 141 STREET

83

84 City

MIAMI

FL

85 Zip Code
33158

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MICHAEL NEARING

7/26/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST** ☐ DELETE
NAME **NEARING, MICHAEL G.**
STREET ADDRESS ~~44375 SW 119TH AVENUE~~ **7740 SW 141 ST**
CITY-ST-ZIP ~~MIAMI FL 33186~~ **33158**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **7740 SW 141 STREET**
1.4 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 REQUIRED

MICHAEL NEARING

7/26/99

770 422 2345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)