

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K57443 (9)**  
 1. Corporation Name  
**AIRPORT & AVIATION PROFESSIONALS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O PHILLIP A. STROHM 2640 GOLDENGATE PARKWAY, STE 301 NAPLES FL 33942		Mailing Address C/O PHILLIP A. STROHM 2640 GOLDENGATE PARKWAY, STE 301 NAPLES FL 33942	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	01/11/1989	65-0094333
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
23 City & State	28 City & State	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Not Applicable
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
25 Country	30 Country	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
 STROHM, PHILLIP A.  
 2640 GOLDEN GATE PARKWAY  
 SUITE 301  
 NAPLES FL 33942

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STROHM, PHILLIP A.	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	THOMAS, JEFFREY N.	
STREET ADDRESS	6151 W. CENTURY BLVD. SUITE 1000	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HAUS, GERALD P	
STREET ADDRESS	2479 PINWOOD CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHIMINGTON, STEVEN P	
STREET ADDRESS	1703 ADA COURT	
CITY-ST-ZIP	NAPERVILLE IL 60540	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASTO, GREGORY A	
STREET ADDRESS	2008 KINDERTON MANOR DR	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplement to 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 the attachment with \_\_\_\_\_ address.

SIGNATURE: \_\_\_\_\_ **4-24-98**

CF2E034 (10/97)