

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000082707 (9)**

1. Corporation Name

I.C. PEPE AVIATION CONSULTANTS CORP.



Principal Place of Business

7314 MYSTIC WAY
APT. 504- ISLANDIA II
PORT ST. LUCIE FL 34986-3260
US

Mailing Address

7314 MYSTIC WAY
APT. 504- ISLANDIA II
PORT ST. LUCIE FL 34986-3260
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 7314 mystic way

27 Suite, Apt. #, etc.
28 Port St. Lucie, Florida

29 34986-3260 30 St. Lucie

3. Date Incorporated or Organized
12/03/1993

3a. Date of Last Report
04/11/1995

4. FEI Number
65-0453755

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PEPE, IDA C
7314 MYSTIC WAY
PORT ST. LUCIE FL 34986

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 607.0502 and 607.1506, 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 of the President, Principal Officer, or Registered Agent

Signature of the Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P PEPE, IDA C.**
STREET ADDRESS **7314 MYSTIC WAY**
CITY-ST- ZIP **PORT ST. LUCIE FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE DELETE
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TITLE DELETE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST- ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST- ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST- ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST- ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST- ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Ida C. Pepe* (Ida C. Pepe), President 3/9/96 407-460-7617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)