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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000078609 (0) 1. Corporation Name

AIRCRAFT OPERATIONS SPECIALISTS, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 24 1997 8:00am Secretary of State



13170 NW 43 AVI MIAMI FL 33054	E *B*		13170 NW 43 AVE "B" MIAMI FL 33054-4408							
							3. Date Incorporated or Qualified 09/20/1996		of Last R	
2. Principal Piac	ce of Business	<u>-</u>	2a, Mailing Address				4. FEI Number 65- 0723376-190			oplied For
Suite, Apt. #.	z)te		Suite, Apt. #, etc.				— \$9.75 Additional			
2		27				6. Certificate of Status Desired	Fee Required			
City & State	All	City & St 28	ate				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Żф <b>(4</b> ]	25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
		of Current Registered Age	ent		81	Name	10. Name and Address of New Re	gistered A	gent	
	RNE, RICHARD			Į	٠'					
	NW 43 AVE "B" FL 33054		•	· ·	62 63	Street Add	ress (P.O. Box Number is Not Acceptab	le) 	··	
									·	
					64	City		FL	<b>85</b> Zip	Code
11. Pursuant to office or reg agent. I am	the provisions of Sections pistered agent, or both, in familiar with, and accept	s 607.0502 and 607.1508, I the State of Florida Such ( the obligations of, Section	Florida Statu change was 607.0505, F	ites, the ab authorized forida State	bove by utes	named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of out the appo	changing i intrnent as	ts registered registered
SIGNATURE	1~/A	gustored agent and tilk it applicable	(1)(2)	TE: Donietarad	1 000	nt signature tecui	ired when reinstating)	DATE		
12.		CERS AND DIRECTORS	(140	13.	- Ye	ir Biği tatula radırı	ADDITIONS/CHANGES TO OFFIC	***************************************	DIRECTOR	RS IN 12
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NAME (	OSBORNE, RICHARD			1.2 NA	ME					
STREET ADDRESS	13170 NW 43 AVE "B"	I	•	1.3 ST	REET	ADDRESS				
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CITY - ST-ZIP				3.4. C						
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NAME				4. 2 N	AME				•	
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DITY - ST - ZiP				4.4 CI	TY-S	T - ZIP				
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				5.2 NA	ME					
TUTLE										
TITLE NAME				5.3 ST	REET	ADDRESS				
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TOTLE NAME STRIET ADDRESS COLY - ST- 7IP TITLE			DELETE	5.4 CF 6.1 TH 6.2 NA	TY-S TLE AME			· <del></del>	Change	Addition

Tam 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.