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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000078609

-AIRCRAFT OPERATIONS SPECIALISTS, INC. Name CHANS & DOWN, PEROMARIAC ALRUMNS COMPORATION

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90004 017 ***158.75



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Principal Place of Business Mailing Address						
13170 NW 43 AVE "B" . 13170 NW 43 AVE "B"						
MIAMI EL 33054 MIAMI FL 33054				DO NOT WRITE IN THIS SPACE		
	•			Date Incorporated or Qualifer		· 1
CHANGE 21 DRE98				09/20/1996		
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 112	S.W. FIRST PREUCE	26 112 SW FAST	TERMICE	65-0723376		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			·· -	5. Certificate of Status Desired	11/21	5 Additional
22		27		0. 0000000000	- Fe	Required
City & State O E/ City & State			6. Election Campaign Financing	\$5.	00 May Be	
23 POMPANO BENCA, FL 28 FOMPANO BENC		1, FL	Trust Fund Contribution	Add	led to Fees	
Zio	Country	Zip	Country	8. This corporation owes the cu	rrent year Intangible	
330	160 25 Beoman	29 33060 30	BEOWNE	Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent	
		OSBORNE, RICHA	(,)	{		
	ORNE, RICHARD		82 Street Address (P.O. Box Number is Not Acceptable)			
13170 NW 43 AVE "B"			1772	SW FIRST TE	erace	
MIAMI FL 33054						
			21 21 4			Zip Code _
			84 City	PANO BENCH,	FL 85	3060
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corno	pration submits this statement for th	e purpose of changin	its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement or 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 appending obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent a	L RICHALI CSBDE and title if applicable. (NOTE: Reg	NCCRPO istered Agent signature required	when reinstating)	3 /30/99 DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO C		
TITLE	D	DELETE	1.1 TITLE		☐ Cha	nge 🗌 Addition
NAME	osborne, richard		1.2 NAME		•	
STREET ADDRESS	13170 NW 43 AVE "B"		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33054		1.4 CITY-ST-ZIP			
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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, with all other like empowered.

RICHARD CHOKNE BONCHAIR