


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

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**Mar 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000032289 (5)  
1. Corporation Name  
**AIRCRAFT SUPPORT AND PARTS, INC.**



Principal Place of Business: 18459 PINES BLVD., SUITE 290, PEMBROKE PINES FL 33029  
Mailing Address: 18459 PINES BLVD., SUITE 290, PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified: 04/09/1997

2. Principal Place of Business: 217 SW 27th Street, Suite, Apt. #, etc.  
22. City & State: Ft. Lauderdale FL  
23. Zip: 33315, Country: USA  
24. Mailing Address: 18459 Pines Blvd, Suite, Apt. #, etc.  
26. City & State: Pembroke Pines FL  
27. Zip: 33029, Country:

4. FEI Number: 65-0743760  
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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
COHEN, ANDREW L  
18459 PINES BLVD., SUITE 290  
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director - President
NAME	DUMBLOSKY, RICHARD J	1.2 NAME	Richard Dumblosky
STREET ADDRESS	18459 PINES BLVD., SUITE 290	1.3 STREET ADDRESS	217 SW 27th Street
CITY-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP	FT LAUDEDALE FL 33315
TITLE		2.1 TITLE	Director - VP President
NAME		2.2 NAME	JOHN DELACH
STREET ADDRESS		2.3 STREET ADDRESS	217 SW 27th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT LAUDEDALE FL 33315
TITLE		3.1 TITLE	Director - Managing Dir
NAME		3.2 NAME	Andrew Cohen
STREET ADDRESS		3.3 STREET ADDRESS	217 SW 27th St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT LAUDEDALE FL 33315
TITLE		4.1 TITLE	Director - VP President
NAME		4.2 NAME	Robert Hutchins
STREET ADDRESS		4.3 STREET ADDRESS	217 SW 27th St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT LAUDEDALE FL 33315
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Andrew Cohen Andrew Cohen 3/11/98 (954) 524-4714

CR2E034 (10/97)