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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90101 012 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000032932

1. Corporation Name
GASPARINI AIRCRAFT SALES, INC.



Principal Place of Business
 2247 PALM BEACH LAKES BLVD..STE.237
 WEST PALM BEACH FL 33409

Mailing Address
 2247 PALM BEACH LAKES BLVD..STE.237
 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1998

4. FEI Number
 65-0836555 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **14467 Broken Wing Ln**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **14467 Broken Wing Lane**
 Suite, Apt. #, etc.

22

23 **Palm Beach Gardens, FL**
 City & State
 Zip Country

28 **Palm Beach Gardens, FL**
 City & State
 Zip Country

24 **33418** 25 **USA** 29 **33418** 30 **USA**

9. Name and Address of Current Registered Agent

LAMBERT, ROGER C
2247 PALM BEACH LAKES BLVD..STE.237
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

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 607.1508, 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 <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President
NAME		1.2 NAME	Linda Gasparini
STREET ADDRESS		1.3 STREET ADDRESS	14467 Broken Wing Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	George Gasparini V.P.
NAME		2.2 NAME	George Gasparini
STREET ADDRESS		2.3 STREET ADDRESS	14467 Broken Wing Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** LINDA GASPARINI 1-14-99 561-627-1198
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)