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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90278 021 ***158.75

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DOCUMENT # S72904

1. Corporation Name

MRO AMERICA, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH T. MASSOUD 5051 CASTELLO DR.. #12 NAPLES FL 34103 US	C/O JOSEPH T. MASSOUD P.O. BOX 260796 PEMBROKE PINES FL 33026 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 08/13/1991	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	**Suite, Apt. #, etc.**
22	27
City & State	**City & State**
23	28
Zip — **Country**	**Zip** — **Country**
24 — 25	29 — 30

4. FEI Number: **59-3106894** — Applied For / Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

MASSOUD, JOSEPH T
860 TANBARK DRIVE, 104
NAPLES FL ~~33963~~ 34108 — New Zip code

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 34108

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 607.0605, Florida Statutes.

SIGNATURE: *Joseph T. Massoud* Joseph T. Massoud, Secretary — 04-25-99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, SANDRA J		1.2 NAME	
STREET ADDRESS	860 TANBARK DR #104		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY-ST-ZIP	
TITLE	PSTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MASSOUD, JOSEPH T		2.2 NAME	
STREET ADDRESS	860 TANBARK DRIVE, 104		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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: *Joseph T. Massoud* Joseph T. Massoud, Secretary 04-25-99 (954)437-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)