

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90072 002 ***150.00

DOCUMENT # S89338

1. Entity Name
AIRMARK OVERHAUL, INC.

Principal Place of Business 6001 NW 29TH ST. FT. LAUDERDALE FL 33309	Mailing Address 6001 NW 29TH ST. FT. LAUDERDALE FL 33309-1731
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0294887		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MILBURN, WILLIAM 6001 NW 29TH ST. FT. LAUDERDALE FL 33309				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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ii. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	D MILBURN, WILLIAM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4540 W. WOODLAWN ST.		NAME		
ST-ZIP	DUNNELLON FL		STREET ADDRESS		
			CITY-ST-ZIP		
NAME	D MORITZ, ERNEST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1424 NW 8TH ST.		NAME		
ST-ZIP	DANIA FL		STREET ADDRESS		
			CITY-ST-ZIP		
			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WILLIAMS Date: 2/14/2000 Daytime Phone #: 954-970-3200

CR2E034 (9/99)