

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V30669** (8)

1. Corporation Name
EAST COAST AVIATION SUPPLIES, INC.

Principal Place of Business: **4250 DOW RD SUITE 310 MELBOURNE FL 32934**
Mailing Address: **4250 DOW RD SUITE 310 MELBOURNE FL 32934**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification: **05/01/1992**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3124004**
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 has liability for intangible tax under Florida Statutes: Yes No

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	ZIP	29	ZIP
25	COUNTRY	30	COUNTRY

9. Name and Address of Current Registered Agent

**MIRAGLIA, JANE
7667 N. WICKHAM ROAD
SUITE 1401
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent in lieu of stockholder

Signature of Secretary of State or other authorized officer

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/

12a	12b	13a	13b
NAME	PD MIRAGLIA, JANE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4250 DOW ROAD #310	1. STREET ADDRESS	
CITY, ST, ZIP	MELBOURNE FL	1. CITY, ST, ZIP	
2. NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. STREET ADDRESS	
2. CITY, ST, ZIP		2. CITY, ST, ZIP	
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY, ST, ZIP		3. CITY, ST, ZIP	
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY, ST, ZIP		5. CITY, ST, ZIP	
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.11(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Jane Miraglia* JANE MIRAGLIA 4-28-95 407-253-5586
SIGNATURE AND TYPED OR PRINTED NAME OF BOHNO OFFICER OR DIRECTOR