


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90102 019 ****61.25

0016156

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 722935					
1. Corporation Name FLORIDA AVIATION TRADES ASSOCIATION, INC.					
Principal Place of Business 4685 LONGBOW DRIVE TITUSVILLE FL 32796			Mailing Address 4685 LONGBOW DRIVE TITUSVILLE FL 32796		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/20/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0032480	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAEBURN, PAULA 4685 LONGBOW DRIVE TITUSVILLE FL 32796				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 <input type="checkbox"/> DELETE NAME RAEBURN, PAULA STREET ADDRESS 4685 LONGBOW DRIVE CITY-ST-ZIP TITUSVILLE FL 32796				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE DVP <input checked="" type="checkbox"/> DELETE NAME SOWELL, DON STREET ADDRESS PO BOX 558 N/A CITY-ST-ZIP PANAMA CITY FL 32402				2.1 TITLE EXECUTIVE V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME JOHN STAFFORD 2.3 STREET ADDRESS BOX 14073 2.4 CITY-ST-ZIP ORLANDO, FL 32814			
TITLE DVP <input type="checkbox"/> DELETE NAME SINKER, MARTIN STREET ADDRESS 2450 N. WESTSHORE BLVD. CITY-ST-ZIP TAMPA FL 33607				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE P <input type="checkbox"/> DELETE NAME MOBERG, MARK STREET ADDRESS 9334 VANDENBURG RD., VANDENBURG AIRPORT CITY-ST-ZIP TAMPA FL 33610				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE VP <input type="checkbox"/> DELETE NAME HILLER, MARTIN STREET ADDRESS 5321 MEMORIAL HIGHWAY CITY-ST-ZIP TAMPA FL 33634				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE T <input type="checkbox"/> DELETE NAME DAVI, KENNETH STREET ADDRESS 901 S.W. MARTIN DOWNS BLVD., SUITE 322 CITY-ST-ZIP PALM CITY FL 34990				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 617, 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:

Paula Raeburn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Jan. 1999

407-383-9662
 Daytime Phone #

CR2E037 (1/98)