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 Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90013 042 ***150.00

DOCUMENT # P97000048548 1. Corporation Name

AVIATION ENGINEERING CONSULTANTS, INC.

Principal Place of Busines
1815 EAGLE TRACE BLVD PALM HARBOR FL 34685

Mailing Address

1815 EAGLE TRACE BLVD



PALM HARBOR FL 34685		PALM HARBUR FL 34685		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					06/03/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-3463069			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	
22		27			O. Continuate of Charles Estates		Fee Re	equired
City & Stat	е	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	<u> </u>	Added t	to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the curr	ent year Inta		_
24	25	29 30	0		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New F	egistered /	rgent	
~	NOUGO IAMEO LEGO			81 Name	AMRAN ROUF	HAN1		
	NOLIOS, JAMES J ESO		-	82 Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
36366 US HWY 19 NORTH				1815	EAGLE TRACE	<u> </u>	>	
PALI	M HARBOR FL 34684		ſ	83				
			- }	04 04			OE Zin (^ode
		_		84 City	HARBOR	FL	85 Zip (Code 685
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	, the ab	ove-named corp	oration submits this statement for the	purpose of	changing its	registered
office or n	egistered agent, or both, in the State.	of Florida, Such change was auti-	orized	by the corporatio	on's board of directors. I hereby accep	it the appoin	tment as re	gistered
	m familiar with, and accept the obliga				Mart :	7/	17/9	9
SIGNATURE	SIgnature, typed or printed name of registered ager	UHAN), PRESIL	egistered i	Agent signature required	d when reinstating)	DATE	1//	_/
12.		ID DIRECTORS	13.	•	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE			Change	☐ Addition
NAME	ROUHANI, KAMRAN		1.2 NA	ME				
STREET ADDRESS	1815 EAGLE TRACE BLVD		13 ST	REET ADDRESS				
	PALM HARBOR FL 34685		E	Y-ST-ZiP				
CITY-ST-ZIP TITLE	TAEM TANDOTT E GTOOD	☐ DELETE	2.1 TIT				☐ Change	Addition
			2.2 NA				_ `	
NAME								
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		☐ DELETE	_	Y-ST-ZIP			Change	☐ Addition
TITLE		□ occeie	3.1 TIT				Onlange	
NAME			3 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				C Addition
TITLE		☐ DELETE	4.1 TIT				☐ Change	☐ Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STI	REET ADDRESS				
CITY-ST-ZIP			_	Y-ST-ZIP	,			
TITLE		☐ DELETE	5.1 TIT	1			☐ Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE			Change	☐ Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
City, St. 7ID			6.4 CIT	Y-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: