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

PROFIT CORPORATION **ANNUAL REPORT**

1998



H ORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 194937

(9)

ODOM'S AIRCRAFT PARTS, INC.

FILED Feb 13 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | 1 103101 11010 18111 01010 10100 111111 | /481 61811 6181 (| ASOLI BIBIL GIL | an alak it# |
|---------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|-----------------------------------------------------------------------------------------|--------------------------|-----------------|---------------|
| 7055 S W 10TH ST 7055 S W 10TH ST | | | | | | | | |
| MIAMI FL 33 | 144 | MIAMI FL 33144 | MIAMI FL 33144 | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified | | PAGE | |
| | | | | | 07/28/1956 | | | |
| 2. Principal P | Place of Business | 2a, Mailing Address | | ··· | 4. FEI Number | | | pplied For |
| 21 | | 26 | | | 59-0801723 | | | ot Applicable |
| Suite, Apt | #, etc | Suite, Apt #, etc. | | | | | | Additional |
| 22 | ************************************** | 27 | | | 5. Certificate of Status Desired | | Fee R | equired |
| City & Stat | e | City & State | h | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zip 24 | | | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 9. Name and Address of C | 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20 | 30 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | |
| Or | OM,S G | The state of the s | 81 | Name | IV. INTING SHU MUDIESS OF HEW IT | ogistorou A | r&aur | |
| | 55 SW 10TH ST | | ļ | <u></u> | | | | |
| | AMI FL 33144 | | 82 Street Ac | | dress (P.O. Box Number is Not Acceptable) | | | |
| ļ | will be writt | | 63 | 83 | | | | |
| | | | | | | | | |
| | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 60 | 7 0502 and 607 1508, Florida Statu | ites, the abovi | e-named col | rporation submits this statement for the | nurnage of | changing i | ts registered |
| l office or f | registered agent, or both, in the | State of Florida, Such change was obligations of, Section 607,0505, Fl | authorized by | the corpora | ation's board of directors. I hereby acce | ept the appo | pintment as | registered |
| SIGNATURE | | | ionaa atatato | . | | | | |
| SIGNATORE | Signature typed or printed name of requir | ord agent and little if applicable (NO | Tt: Registered Age | ent signature requ | uired when roinstating) | DATE | | |
| 12. | | IS AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | CERS AND | DIRECTOR | RS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | Change | □ Addition |
| NAME | ODOM,S G | | 1.2 NAME | | | | | |
| STREET ADDRESS | 7055 S.W. 10 ST. | | 1.3 STREET | | | | | |
| CITY-ST-ZIP TITLE | MIAMI FL SD | DELETE | 1.4 CITY - S | T- ZIP | | | | 1 1 2 50 |
| NAME | ODOM, D. M. | _ Detere | 2 1 TITLE | 1 | | | Change | ☐ Addition |
| STREET ADDRESS | 7055 S.W. 10 ST. | | 2 2 NAME | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 2 3 STREET | | | | | |
| TITLE | ma am i c | DELETE | 2 4 City-5 3 1 Title | SI - ZIP | | : | Change | Addition |
| NAME | | 2000 | 3.2 NAME | 1 | | ' | Unange | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY - 5 | | | | | |
| TITLE | | DELETE | 4.1 TITLE | 71 211 | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | • | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | 4.4 CITY - S | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 53 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 City-S | T - ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET | address | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - S | T-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 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.

2/8/98

(305)261-1611