1999



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90207 035 ***150.00

DOCUMENT # 287095 1. Corporation Name NATIONAL AVIATION MANAGEMENT CORPORATION							13 816 11 84811 81611 3	14 8 11 4 1 4 71 1 88 1
		·						
Principal Place of Business Mailing Address							IR BIORI ORDIR DIORI O	
3495 SW 9TH A			ľ					
FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315						DO NOT WRITE IN TH	IS SPACE	
US US						3. Date Incorporated or Qualifed		
						11/18/1964		1
Principal Place of Business 2a. Mailing Address						4. FEI Number		plied For=-
26 P.OBOX-2			460			59-1108834	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	I .
27							Fee Re	
City & State			doub =			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Zip Country Zip			Country				0 1 663
	25 29 33835 - 246030			8. This corporation owes the current year Intangible Personal Property Tax.			□No	
24	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registere	d Agent	
			81	Name	r-h	amas E Bass		
BOY, THOMAS E				Street		on as E Bay ss (P.O. Box Number is Not Acceptable)		
3495 S.W. 9TH STREET				ัฐ	199		<u>e </u>	
FORT LAUDERDALE FL 33315					•			
			84	City			. 85 <u>Z</u> ip (Code
				+	<u>٠. (ر</u>	auderdale F		33.15
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent or both in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State 					corpor oration	ation submits this statement for the purpose 's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered
agent. I ar	m familiar with, and arcent the obligation	ns of, Section 607 0505, Florida	a Statutés				-h	
SIGNATURE	Signature, typed granning frequenced agent a	nd title if applicable (NOTE: Re	wietered Agen	t eignature m	acuticed v	Thomas E. Boy UNIVARIENTE	13 M	
12.	Signature, typed connited ham be send agent and title if applicable. (NOTE: Reg		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	DP	☐ DELETE 1.11			Dt		Change	Addition
NAME	BOY,THOMAS E	MAS E		12 NAME The		omas E. Boy		ĺ
STREET ADDRESS	•		1.3 STREET	1.3 STREET ADDRESS 34		95 s.w. 9m Avenue		ļ
CITY-ST-ZIP			1,4 CITY-ST	1.4 CITY-ST-ZIP		-Lauderdale, FL 33	315	
TITLE	DV DELETE 2.11		2.1 TITLE	Ī	DV	,	Deffange	☐ Addition
NAME .	BOY, T RUSSELL		2.2 NAME	22 NAME		Russell Boy 4955.W. OH Avenue		
STREET ADDRESS	0-100 0:11. 0117 011.EE1		2.3 STREET ADDRESS 3		3	Lauderdale, FL 333) IC	ļ
CITY-ST-ZIP	1011				1-4	- Laurer Wie/FC 55	Change ∠U C	Addition
TITLE	•		3.1 TITLE				_ Change	
NAME	ROBBIN, WENDY B		3.2 NAME					j
STREET ADDRESS	3495 SW 9TH AVE		3.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33315	☐ DELETE	3.4. CITY-S	1-ZP		<u> </u>	Change	Addition
TITLE	- T			4. 2 NAME			3-	
NAME STREET ADDRESS	3495 SW 9TH AVE		4.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33315		4.4 CITY-ST-ZIP					
TITLE			5.1 TITLE			And the second section of the section of the second section of the section o	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	Γ- <i>Z</i>)Ρ				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME				•	
STREET ADDRESS	•		6.3 STREET	FADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one in adachment with an address, with all other like empowered.

Bomas €. Boy 4/13/199 954-359 SIGNATURE: 2