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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90146 015 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **464208**

1. Corporation Name

SIGNATURE FLIGHT SUPPORT - PALM BEACH, INC.

Principal Place of Business
**3800 SOUTHERN BLVD
WEST PALM BEACH FL 33406
US**

Mailing Address
**201 S ORANGE AVE
S1100
ORLANDO FL 32801
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1974

4. FEI Number

22-2046265

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	DODSON, RICHARD	
STREET ADDRESS	351 VISTA OAK DR	
CITY-ST-ZIP	LONGWOOD FL	

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	ELIZABETH A. HASKINS	
STREET ADDRESS	1015 QUINWOOD LANE	
CITY-ST-ZIP	MAITLAND FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	VAN ALLEN, BRUCE S.	
STREET ADDRESS	8550 LOST COVE DR	
CITY-ST-ZIP	ORLANDO FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MOKRIS, PAUL J.	
STREET ADDRESS	1115 W STETSON ST	
CITY-ST-ZIP	ORLANDO FL	

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BOBBITT, CHARLES D	
STREET ADDRESS	5531 TURKEY LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARCINIK, DANIEL V	
STREET ADDRESS	2871 YONKERS CT	
CITY-ST-ZIP	OVIEDO FL 32765	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1228 Mayfield Avenue
1.4 CITY-ST-ZIP	Winter Park, FL 32789

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SVP/CFO/T
2.3 STREET ADDRESS	418 River Drive
2.4 CITY-ST-ZIP	DeBary, FL 32713

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	STEVEN E. PAZAR
4.4 CITY-ST-ZIP	27 CARRIAGE HOUSE LANE

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Boxford, MA 01921
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A. Haskins

4/27/99

(407) 648-7200

Date

Daytime Phone #

CR2E034 (11/98)