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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1997 8:00am

Secretary of State

- 1 186 (P. Ciri) - 1811 | 1884 | 1886 | 1886 | 1884 | 1811 | 1884 | 1887 | 1886 | 1884 | 1886 | 1886 | 1886 |

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 507745

(8)

AIRCRAFT ACCESSORIES OF SEBRING, INC.

| | | | | | | | | | FIF# 1881 |
|---|--|--|----------------------|-------------------------------|-----------------|---|---------------------------------------|---------------------|--------------|
| Principal Place of Business Mailing Address | | | | | | I TORNET BETAL BENTLEDBIT AROUN BANDO BAN BIONI GERAL BEDIT BENTLEDBIT BENTLEDBIT | | | |
| 2610 S LAKE (AVON PARK FI | | 2610 S LAKE DENTON ROAD AVON PARK FL 33825-9786 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 07/23/1976 | 4 | of Last F 3/1996 | eport |
| 2. Principal F | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | -4 ····················· | A | oplied For |
| 21 Code Ast | H at | 26 | | | | 59-1708074 | Not Applicable | | |
| Suite, Apt | #, e (c. | Suite, Apt. #, etc | | | | 5. Certificate of Status Desired | | \$8.75 | |
| City & Stat | 10 | City & State | | | | | | Fee Re | ·· |
| · · · · · · · · · · · · · · · · · · · | · | Cily & State | | | | 6. Election Campaign Financing | _ | | May Be |
| 23 Zip | Country | 28 | Cour | tere | | Trust Fund Contribution | <u>LJ</u> | Added | |
| 24 | 25 | | 30 | iuy | | This corporation has liability for Florida Statutes | ntangible ta Yes 🔲 | | . 199.032, |
| E7 | 9. Name and Address of Curren | | 301 | | | 10. Name and Address of New Re | | | |
| MIG | GINS, WILLIAM D. JR. | | | B1 N | ame | 10. 110770 2110 1100 01 1100 110 | 91010100771 | 70.11 | |
| | S LAKE DENTON ROAD | | - | | | | | | |
| | N PARK FL 33825 | | [| B2 SI | reet Addre | ess (P.O. Box Number is Not Acceptab | le) | | |
| hiv | TAIN IE GOOLS | | - - | B3 | | | | | |
| | | | | | | | | | |
| | | | | 84 C | ity | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508. Florida Statute | s. the ab | ove-na | med corp | oration submits this statement for the p | urnaea of a | handing it | s registered |
| onice of i | registered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was at | uthorized | by the | corporati | on's board of directors. I hereby accep | the appoi | ntment as | registered |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered age | ····· | | Agent sig | gnature require | d when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | PD DELETE WIGGINS, WILLIAM D. JR. 2610 S LAKE DENTON RD | | | 1.1 TITLE | | | L. | Change | Addition |
| NAME | | | 1.2 NA | | İ | İ | | | |
| STREET ADDRESS | AVON PARK FL | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | D DELET | | 1.4 CITY - ST - ZiP | | · | | | T 5/ | |
| TITLE | WIGGINS, NORMA T. | L. J DECEIE | 2.1 1/1/LE | | | | L | i Change | Addition |
| NAME | 2610 S LAKE DENTON RD | | 2.2 NA | | | | | | |
| STREET ADDRESS | AVON PARK FL | | | eet add | · | 2 | | | |
| City+ST-ZiP Title | AVOITANTE | DELETE | 2. 4 CITY - ST - ZIP | | P | | | 7 66 | T Addition |
| NAME | | בש טוננונ | | 3.1 TITLE 3.2 NAME | | | L. | _ Change | Addition |
| | | | | | | | | | |
| STREET ADDRESS | | | | EET ADDI | · · · | | | | |
| Dity+St-ZiP Title | DELETE | | | 3.4. CITY-ST-ZIP 4.1 TITLE | | | | Change | - Addition |
| NAME | | victic | | | | | L. | Change | Addition |
| STREET ADDRESS | | | 4, 2 NA | | 200 | | | | |
| City-SI-ZIP | | | | EET ADDI | | | | | |
| TITLE | | DELETE | 5.1 TITL | (-\$1-ZIF | | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| NAME | | beech | 5.2 NAM | | | | i | 1 Charge | M VOOIIIOII |
| STREET ADDRESS | | | i i | ae Eet addi | | | | | |
| CITY - S1 - ZiP | | | | (- ST-ZIF | 1 | | | | |
| TITLE | | DELETE | 6.1 TITL | ************************ | | | ····· | Change | Addition |
| NAME | | Provide the second | 6.2 NAN | | | | L | onange | LI FIGURION |
| STREET ADDRESS | | | | ril Eet addi | aess | | | | |
| CITY - ST - ZIP | | | | r e ST-Zip | 1 | | | | |
| | L | | V.7 (/II | . 0 - 21 | 1 | | | | |

14. I do horeby 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.

SIGNATURE: William No. 1989 on Filing Table or Figure 30 page 1999 on Filing Table 1999 o