Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90183 040 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 521572

1. Corporation Name

Principal Place of Business

MERRITT ISLAND AIR SERVICE, INC.

900 AIRPORT ROAD HGR 122 MERRITT ISLAND FL 32953 US		170 SYKES LOOP MERRITT ISLAND FL 32953 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/04/1977				
2. Principal Pl	ace of Business	2a. Mailing Address				•	4. FEI Number			Applied For	
21		26					59-1752825		П	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	П	— — · · ·	5 Additional	
22		27					5. Certificate of States Desired		Fee	Required	
, City & State		City & State					6. Election Campaign Financing	т		10 May Be	
23		28					Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	_ ~	Country	•		8. This corporation owes the curre				
24	25	29	30				Personal Property Tax.		☐ Yes	□No	
9. Name and Address of Current Registered Agent			nt	10. Name and Address of New Registered Agent 81 Name							
BUBECK, IRVING A				81	Na	me					
						eet Addres	ss (P.O. Box Number is Not Accepta	ble)			
	KYLARK										
MERRITT ISLAND, FL 32952				83							
3283	2			84	Cit	у			85 Z	ip Code	
	·							FL		ite registered	
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 Stonature, broad or printed name of recistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Signature, types of printer and the signature of the sign					nt signa	itura required w	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12	
12.	D OPPICERS AND			13. .1 TITLE		1	ADDITIONS/CHANGES TO OTT		Chang		
TITLE	BUBECK, IRVING A:	L_		2 NAME					_ `	_	
NAME	170 SYKES LOOP DRIVE			3 STREE	-f ADVDD	Ecc					
STREET ADDRESS	MERRITT ISLAND FL 32953					200				ì	
CITY-ST-ZIP	PVT			.4 CITY-S .1 TITLE	1-ZIP				☐ Chang	e Addition	
TITLE	BUBECK, ALICE S.	L .	_			- 1				, _ i	
NAME	170 SYKES LOOP DRIVE			2 NAME	× 4000	1500					
STREET ADDRESS				.3 STREE		£55 .				ļ	
CITY-ST-ZIP	MERRITT ISLAND FL 32953			.4 CITY-S	SI-ZIP			ساونست ∟ ع	Chan	ge Addition	
TITLE	_ 5.745			2 NAME					_ `		
NAME				⊿ NAME .3 STREE		, FOO				{	
STREET ADDRESS	·		_			(ESS)					
CITY-ST-ZIP				.4. CITY-5 .1 TITLE	SI-ZIP				Chang	ge Addition	
TITLE		_		2 NAME					_ `		
NAME	•			.3 STREE		ecc				ļ	
STREET ADDRESS				.3 STREE .4 CITY-S						}	
C/TY-ST-ZIP				.4 (1117-5 .1 TITLE	51-23P				Chang	ge Addition	
		_		.2 NAME						- –	
NAME				3 STREE	TADDE	RESS				ĺ	
STREET ADDRESS				4 CITY-S						j	
CITY-ST-ZIP	•			.1 TITLE					☐ Chang	ge	
NAME			-	2 NAME							

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP