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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 607928

GENERAL AVIATION CENTER, INC.

Principal Place of Business							
1401 NE 10TH ST							
POMPANO BEACH FL 33060							

2. Principal Place of Business

Mailing Address

1401 NE 10TH ST POMPANO BEACH FL 33060

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90015 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

<u>01/25/1979</u>

2. Principa	al Place of Business	2a. Mailing Address			01/25/19/9		
21					4. FEI Number	Applied For	
Suite, A	pt. #, etc.				NOT APPLICABLE	F+	
22		Suite, Apt. #, etc.				Not Applicable	
City & S	State	27			5. Certifcate of Status Desired	\$8.75 Additional	
23		City & State			& Floriton Co.	Fee Required	
Zip		28			6. Election Campaign Financing	\$5.00 May Be	
	Country	Zip	Countr	v	Trast t and Continuution	Added to Fees	
24	25	29	30	•	8. This corporation owes the current year	Intangible	
	Name and Address of Curren	t Registered Agent	1001		Personal Property Tax.	□ Yes ∑ No	
DE			81	Name	10. Name and Address of New Register	ed Agent	
BE	CKER, BRIAN D.		"	Name			
1401 NE10TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33060				<u></u>			
}			83	·	· · · · · · · · · · · · · · · · · · ·	. 255 / 2 St. Cast . 1912 . 1915 . 191	
							
* # Ch	- 19-3	1.0	84		75.14	■ 85 Zip Code	
office or	it to the provisions of Sections 607.0502	and 607.1508, Florida Statut	les, the above	e-named com	F		
agent. I	am familiar with, and accept the obligati	f Florida. Such change was a	uthorized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered	
SIGNATURE	-	ons of, Section 607.0505, FIG	rida Statutes	i.	and an amount of the app	ointment as registered	
	Signature, typed or printed name of registered agent	and title if applicable				ļ	
12.	OFFICERS AND	DIRECTORS	: Registered Agen	nt signature required	when reinstating). OATE		
TITLE	PDS	☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
NAME	BECKER, BRIAN D.	L) OELETE	1.1 TITLE	J	TITLE PRINCE	☐ Change ☐ Addition	
STREET ADDRESS			1.2 NAME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C - 11 (ddillo))	
CITY-ST-ZIP	POMPANO BEACLE		1.3 STREET	ADDRESS		1	
TITLE	POMPANO BEACH FL		1.4 CITY-ST	-ZIP			
	V	☐ DELETE	2.1 TITLE				
NAME	DARLING, SUSAN E.		2.2 NAME			☐ Change ☐ Addition	
STREET ADDRESS	THE TOTAL OFFICE					1	
CITY-ST-ZIP	POMPANO BEACH FL		2.3 STREET			1	
TITLE	7778 x 1395 x 14 5	☐ DELETE	2.4 CITY-ST	- ZIP		ł	
NAME		C) DECETE	3.1 TITLE	}	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
STREET ADDRESS			3.2 NAME	ļ		□ Addition	
CITY-ST-ZIP	· 科·传说 1000 *** (1995)		3.3 STREET A	NDDRESS .			
TITLE			3.4. C/TY-ST-	- 1		图 明空 10世 第2世 16年	
ľ		☐ DELETE	4.1 TITLE				
NAME			4. 2 NAME	1	Committee to the second of the	Change Addition	
· STREET ADDRESS	÷						
CITY-ST-ZIP		,	4.3 STREET A			1	
TITLE		☐ DELETE	4.4 CITY-ST-Z	ZIP		}	
NAME			5.1 TITLE	Ì		☐ Change ☐ Addition	
STREET ADDRESS			5.2 NAME		· ÷ .		
CITY-ST-ZIP	na		5.3 STREET AD	DORESS			
TITLE			5.4 CITY-ST-Z	₽P	<u></u>	15	
	≱ৰ্মা ডেলিল ক্ৰিল	☐ DELETE	6.1 TITLE				
1 8			6.2 NAME			☐ Change ☐ Addition	
STREET ADDRESS			6.3 STREET AD	DRESS		{	
CITY-ST-ZIP			64 CITY-ST-70	1		ļ	
7.6	44.0		■ U.4 CH Y-NI-70	- 1		I	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian D. Becker

27Jan99

954-943-6050