## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 654155

(1)

BONANZA AVIATION CORP.

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Principal Plac	e of Business	Mailing Address			r tantia mirkt mintt milit arabi sinnt mirkt mill nint dinti dinti mint mint mint mint mint mint mint	
3406 S.W. 9TH		3475 N. CC DRIVE			·	
FT. LAUDERDA 	LE FL 33315	318 Miami Fl 33180			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 3a. Date of Last Report	
					01/30/1980 07/01/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21	ш	26			59-2360020 Not Applica	
22 Suite, Apt.	W, OIC.	Suite, Apt #, etc.			5. Certificate of Status Desired Section Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
Zip	Country	Zip	Co	untry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	•	Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Cure	ent Registered Agent			10. Name and Address of New Registered Agent	
				81 Name	e	
	ipal Place of Business  , Apt. W. etc.  8 State  Country 25  9. Name and Address of C.  TOBIN, SHERMAN 3475 N C CLUB DRIVE MIAMI FL 33180  Suant to the provisions of Sections 60: se or registered agent, or both, in the int. I am familiar with, and accept the URE  Storature, typed of printed name of registre  OFFICER:  PD TOBIN, SHERMAN 3475 N. C.C. DR. MIAMI FL  DRESS IP  DRESS IP			82 Street	ot Address (P.O. Box Number is Not Acceptable)	
MIM	NI FL 33100			83		
				84 City	85 Zip Code	
					FL	
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the ob Standture, typed of printed name of registered				od corporation submits this statement for the purpose of changing its register or poration's board of directors. I hereby accept the appointment as registered are required when rehistating)  DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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NAME	1		5.2 N	IAME		

14. I do 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

D C ITARIN A

00W-700 4700

Change Addition

**FILED** 

Aug 25 1997 8:00am

Secretary of State