FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90102 019 ****61.25

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DOCUMENT # 722935

1. Corporation Name

FLORIDA AVIATION TRADES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4685 LONGBOW DRIVE TITUSVILLE FL 32796	4685 LONGBOW DRIVE TITUSVILLE FL 32796

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/20/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0032480 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RAEBURN, PAULA
4685 LONGBOW DRIVE
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAEBURN, PAULA		1.2 NAME		
STREET ADDRESS	4685 LONGBOW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796		1.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	2.1 TITLE	EXECUTIVE V.P.	☐ Change ☑ Addition
NAME	SOWELL, DON		2.2 NAME	JOHN STAFFORD	
STREET ADDRESS	PO BOX 558 N/A		2.3 STREET ADDRESS	BOX 14073	
CITY-ST-ZIP	PANAMA CITY FL 32402		2. 4 CITY-ST-ZIP	ORLANDO, FL 32814	
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SINKER, MARTIN		3.2 NAME		
STREET ADDRESS	2450 N. WESTSHORE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		3.4. CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOBERG, MARK		4. 2 NAME		
STREET ADDRESS	9334 VANDENBURG RD., VANDENBURG AIRPORT		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HILLER, MARTIN		5.2 NAME		
STREET ADDRESS	5321 MEMORIAL HIGHWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVI, KENNETH		6.2 NAME		
STREET ADDRESS	901 S.W. MARTIN DOWNS BLVD., SUITE 322		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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: Paula Raeburn REQUIRED 4/Jan, 1999 407-383-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #