25.00

_	PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State DIVISION OF CORPORATION					
DOC 1. Corpor	UMENT #	F1644	1	(0)					
D/	AB AIRCRAFT SAL	.ES, INC.							
Principal P	lace of Business		N						
	ternational speedwa' Dna BCH fl 32114	Y BLVD		511 INTERNATIONAL SPE					
DAYTO US	ANN DON FL 32114			DAYTONA BCH FL 32114 US					
US 2. Principa	al Place of Business								
U\$ 2. Principa 21			2a 26	US					
2. Principa 21 Suite, A	al Place of Business upt. #, etc.			US . Mailing Address Suite, Apt. #, etc.					
US 2. Principa 21 Suite, A 22 City & S	al Place of Business upt. #, etc.		26	US i. Mailing Address					
2. Principa 21 Suite, A	al Place of Business upt. #, etc. State Cou	untry	26 27 28 29	US I. Mailing Address Suite, Apt. #, etc. City & State Zip 30	Country				
US 2. Principa 21 Suite, A 22 City 8 S 23 Zip	al Place of Business upt. #, etc. State Cou	untry Idress of Current	26 27 28 29	US I. Mailing Address Suite, Apt. #, etc. City & State Zip 30	Country				
US 2. Principa 21 Suite, A 22 City & S 23 Zip 24	al Place of Business upt. #, etc. State Co. 25 9. Name and Ad		26 27 28 29	US I. Mailing Address Suite, Apt. #, etc. City & State Zip 30	Country				
2. Principa 21 Suite, A 22 City & S 23 Zip 24 MIT	al Place of Business upt. #, etc. State Co. 25 9. Name and Ad		26 27 28 29	US I. Mailing Address Suite, Apt. #, etc. City & State Zip 30	Country 81				

 		

3a. Date of Last Report

04/14/1995

Applied For

Fee Required

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified

59-2066542

5. Certificate of Status Desired

01/28/1981

4. FEI Number

23				28				1	lection Campaign rust Fund Contrib	_			O May Be d to Fees	
Zip	Country			Zip Country			·		~ ~	intangible ta			\dashv	
24	25 29 30					occ.n.y			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes					
	9. Name	and Address of Curre	nt Registered	Agent			· · · · · · · · · · · · · · · · · · ·	10. N	lame and Addre	ss of New F	legistered /	Agent		7
						81	Name							٦
MITCHELL, STANLEY E					ŀ	82	Street Address (P.O. Box Number is Not Acceptable)							\dashv
	DLUŠIA AV				L									
DAYTONA BCH, FL				83										
32114					84	City		85 Zıç	Code					
							•				FL			
or registere	ed agent, or	ons of Sections 607.050 both, in the State of Flor ot the obligations of, Sec	ida. Such char	ige was authorized	the above by the c	ve na orpor	med corpora alion's board	ation sub d of direc	mits this stateme ctors. I hereby ac	nt for the pu cept the app	rpose of cha ointment as	nging its re registered	egistered office agent. I am	9
SIGNATURE _														
12.	Signature, typed i	or printed name of registered ager	Tand tille if applicab ND DIRECTORS		Registered a	Agent s	agnaticie required		amgi DDITIONS/CHAN	20.00	DATE OF AND	DIDECTO	DO IN 10	⊣છે.
TITLE	PTD	OF TOLING AI	U DINECTOR	DECETE	1.1 10	Ti F		· · · · · · · · · · · · · · · · · · ·	JUITONS/CHAIN	als 10 orr		7 Change	Addition	CR2E034 (12/95)
NAME		HELL, STANLEY		D *******	1.2 NA						L	J Ginerige		12
STREET ADDRESS						3 STREET ADDRESS								ଓ
CITY-S1-ZIP	DAYTONA BCH, FL 00000				I .	14 CITY-SI-7/P								띯
TITLE	Ditti	ON BON, 12 00000		DELETE	2 1 11						г	Change	Addition	გ
NAME				_	2 2 NAI	ME								
STREET ADDRESS					2 3 51	REET AS	DDRESS							
CITY - ST - ZIP					2401									
TITLE				DELETE	3 1 717] Change	☐ Addition	┪
NAME					3.2 NA	MΕ								
STREET ADDRESS					3.3 ST	REET A	DDRESS							
CITY-ST-ZIP					3.4 CIT	Y-\$1.	ZIF							
TITLE				DELFTE	4. 1 TiT	LE					Ė	Change	☐ Addition	٦
NAME					4.2 NA	Μč	ł							-
STREET ADDRESS					4.3 STF	REET A	DDRESS							ł
CITY-ST-ZIP					4.4 CIT	Y - ST -	ZIP							_
TITLE				☐ DELETE	5. 1 7 1	[LE] Change	Addition	
NAME					5 2 NAI	ME								
STREET ADDRESS					5.3 STF	REFT AS	DDRESS							
CHY-ST-ZIP					5.4 CIT		71P							_
TITLE				☐ DELETE	8 1 TIT] Change	Addition	
NAME					6 2 NAI									
STREET ADDRESS							DURESS							
CITY-ST-ZIP	, and first	the information supplied	with this files	المناسبة والاستعادة المستعادة	64 CIT					C-+1' 110	07/0VA F1		16.45	4
certify that	the informat	the information supplied ion indicated on this ann	with this filing i tual report or st	s voiuntaniy tumist upplemental annua	ied and d Freport is	ices i true	not quality for and accurate	r the exe e and tha	imption stated in at miv signature sl	Section 119. na!l have the	uz(3)(k), Flor same legal e	ioa Statule effect as if	es. I further made under	

OF STATE

tion 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 error 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 relicok 13 if manager, or to an attachment with an period set of the second o oath; that I am an officer or director of appears in Block 12 or Block 13 if

SIGNATURE: