FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # F95000002985 (8) 1. Gorporation Name					
'	S AVIATION, INC.				T NORMOR HINO 1878 I CANA ORBA DOMA ORBA SONIA DOMA DOMA DOMA DOMA DOMA DOMA DO SERVICA DE SERVICA DA SERVICA DE SERVICA
Discount Discount	I Di pingon	Mailing Address			
Principal Place of Business		, and the second			
PO BOX 245 ADDISON TX	75001	PO BOX 245 ADDISON TX 75001			
					3. Date Incorporated or Qualified 3s. Date of Last Report
2. Principal Plac	oo of Rusinger	2a. Mailing Address			06/19/1995 4. FE! Number Applied For
21 Philippii mat	de of busiless	26 26			75-1990626 Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired [7] \$8.75 Additional
22 Oity & State		City & State			Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Ζ(p	Country	Zipi	Counti	у	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes
24	25 9. Name and Address of Curr	29 ent Registered Agent	30		Fiorida Statutes Yes No 10. Name and Address of New Registered Agent
			8	Name	
	ORD, BILL		8:	Street Ad	ldress (P.O. Box Number is Not Acceptable)
	COMMERCIAL BLVD. DERDALE FL 33309		8:	3	
FT. DAOI	DENDALE PL 00009		8	1 63	ler I 7n Codo
				- "	FL 85 Zip Code
or registere	d agent, or both, in the State of Flo	rida. Such change was authorizi	ed by the cor	named corp poration's bo	poration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am
	n, and accept the obligations of. Se	ction 607.0505, Florida Statutes			
SIGNATURE s	ityr at iec, typica or printes eache of registered ag			ent signature requ	First when reinstating DATE
12.	OFFICERS A	ND DIRECTORS	13. 1 1 life		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME.	OWENS, SCOTT	Долги	1 2 NAMI		_ Stage _ Notice
STREET ADDRESS	4511 EDDIE RICKENBACH	ER	1.3 STRE	ET ADDRESS	
C-Ty - S - Z-P	DALLAS TX 75248	P) DELETE	1.4 CITY		
TITLE NAME		DELETE	2 1 TITL		☐ Change ☐ Addition
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CITY-ST ZIP			2.4 C(1)		
11*1.6		☐ DELETE	3 1 TITL		Change Addition
NAME STREET ADDRESS			3.2 NAMI	ET ADORESS	
CHY SI-7IP			3 4 CITY		
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NAME		,	4.2 NAM	ĺ	
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001Y-51-20 001E		DELETE	54 CITY 6 1 TITL		Change Addition
NAM:		[] little	6 2 NAM	i	
STREET ADDRESS				ET ADDRESS	
C TY-ST-ZIF			6.4 CITY		
certify that	the information indicated on this ar	inual report or supplemental ann	ual report is t	rue and accu	y for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further urate and that my signature shall have the same legal effect as if made under this copie to provide by Chooler 607. Florida Statutes and that my page
oath; that I appears in	am an other or director of the cor Block 12 or Block 13 if changed, o	poration or the receiver or truste rion an attachment with an addi-	ess	э то өхөссле '	this report as required by Chapter 607, Florida Statutes; and that my name
SIGNATI	upe. LA	+//			1-30-96 214-392-1234
SIGNATI		OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTO	R	Date Daytine Prione