

06/15/1999 15:47 CCRS → 19543492685
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NO. 473 002

FILED
99 JUL -2 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998 & 1999

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

DOCUMENT # F97000001439

1. Corporation Name
AVIATION RESOURCE PARTNERS, INC.

Principal Place of Business Mailing Address

**601 N. 1st Avenue
 Maywood, IL 60153**

2. Principal Place of Business 2a. Mailing Address

31 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

32 City & State 27 City & State

33 Zip Country 28 Zip Country

34 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
March 20, 1997

4. FEI Number Applied For
36-3576018 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owns the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**Ronald Dixon
 2863 NE 26th Place
 Ft. Lauderdale, FL 33306**

10. Name and Address of New Registered Agent

81 Name **Marguerite Hampton**

82 Street Address (P.O. Box Number is Not Acceptable)
2531 Golf View Drive

83

84 City **Weston** 85 Zip Code **FL 33327**

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE *Marguerite Hampton* DATE **6/28/99**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | Corliss Stone-Littles | |
| STREET ADDRESS | 601 N. 1st Ave, Maywood, IL 60153 | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> DELETE |
| NAME | Corliss Stone-Littles | |
| STREET ADDRESS | 601 N. 1st Ave, Maywood, IL 60153 | |
| CITY-ST-ZIP | | |
| TITLE | Director | <input type="checkbox"/> DELETE |
| NAME | Corliss Stone-Littles | |
| STREET ADDRESS | 601 N. 1st Ave, Maywood, IL 60153 | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input type="checkbox"/> DELETE |
| NAME | Hattie A. Foster | |
| STREET ADDRESS | 639 Oak Park, IL 60302 | |
| CITY-ST-ZIP | | |
| TITLE | Maywood, | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 600002924276--9 |
| 1.5 STREET ADDRESS | -07/07/99--01003--001 |
| 1.4 CITY-ST-ZIP | *****300.00 *****300.00 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 600002924276--9 |
| 2.3 STREET ADDRESS | -07/07/99--01003--002 |
| 2.4 CITY-ST-ZIP | *****17.50 *****17.50 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

SP 7/2/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 807, 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: *Corliss Stone-Littles* DATE: **6/29/99 8:17-421-1399**

CR2E034 (1/98)

June 28, 1999

To Whom It May Concern:

Aviation Resource Partners, Inc. (F97000001439) respectfully requests that our reinstatement delinquent fee be waived due to the fact that we never received our annual report form. We are no longer located at 407 S. Dearborn. Our address is 601 N. 1st Avenue, Maywood, IL 60153. Our address is reflected in our application for reinstatement, and annual report.

Thank you for your consideration.

Sincerely,

AIR STORES, INC.



Corliss Stone-Littles
President