

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90157 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F97000003391**

1. Corporation Name  
**AIRPLANE SPECIALTIES INC.**



Principal Place of Business  
**1645 DUNLAWTON AVE. #2821  
PORT ORANGE FL 32127**

Mailing Address  
**1645 DUNLAWTON AVE. #2821  
PORT ORANGE FL 32127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/30/1997**

4. FEI Number

**52-2042124**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election, Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 1791 Arash Circle**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 1791 Arash Circle**  
Suite, Apt. #, etc.

City & State

**23 Port Orange, FL**

Zip Country

**24 32124 25 USA**

City & State

**28 Port Orange, FL**

Zip Country

**29 32124 30 USA**

9. Name and Address of Current Registered Agent

**RAHM, JEFFREY  
1645 DUNLAWTON AVE. #2821  
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

**81 Name (same) Jeffrey Rahm**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**1791 Arash Circle (new)**

**83 (address only)**

**84 City Port Orange FL 85 Zip Code 32124**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCTD** ☐ DELETE  
NAME **RAHM, JEFFREY**  
STREET ADDRESS **1645 DUNLAWTON AVE. #2821**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **S** ☐ DELETE  
NAME **SMITH, NATALIE A**  
STREET ADDRESS **1645 DUNLAWTON AVE. #2821**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PCTD** ☐ Change ☒ Addition  
1.2 NAME **Jeffrey Rahm** **new address**  
1.3 STREET ADDRESS **1791 Arash Circle**  
1.4 CITY-ST-ZIP **Port Orange, FL 32124**

2.1 TITLE **SD** ☐ Change ☐ Addition  
2.2 NAME **Natalie A. RAHM** **(new name)**  
2.3 STREET ADDRESS **1791 Arash Circle**  
2.4 CITY-ST-ZIP **Port Orange, FL 32124** **address**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/99 (904) 767-5934**  
Date Daytime Phone #

CR2E034 (11/98)