

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90046 050 ***150.00

DOCUMENT # F98000001217

1. Corporation Name

SYMAX AVIATION, INC.



Principal Place of Business

1640 SOUTH OCEAN BLVD
PALM BEACH FL 33480

Mailing Address

1640 SOUTH OCEAN BLVD
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

52-2077210

Applied For
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 PALM BEACH INTL AIRPORT
1515 PERIMETER ROAD

2a. Mailing Address

26 23240 CHAGRIN BLVD.

Suite, Apt. #, etc.

27 #600

City & State

23 WEST PALM BEACH FL

Zip

Country

24 33406

25 U.S.A.

City & State

28 BEACHWOOD OH

Zip

Country

29 44122

30 U.S.A.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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 PCD
NAME MILLER, SYDELL
STREET ADDRESS 1640 SOUTH OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

TITLE VD
NAME HALPERN, STACIE
STREET ADDRESS 23246 CHAGRIN BLVD., STE 600
CITY-ST-ZIP BEACHWOOD OH

☐ DELETE

TITLE VD
NAME SPILMAN, LAUREN
STREET ADDRESS 23246 CHAGRIN BLVD., STE 600
CITY-ST-ZIP BEACHWOOD OH

☐ DELETE

TITLE S
NAME MARKEY, ROBERT
STREET ADDRESS 1900 EAST 9TH STREET, STE 3200
CITY-ST-ZIP CLEVELAND OH

☐ DELETE

TITLE AS
NAME LAMARCA, MARLA
STREET ADDRESS 23246 CHAGRIN BLVD., STE 600
CITY-ST-ZIP BEACHWOOD OH

☐ DELETE

TITLE AS
NAME SHAW JR, HEWITT
STREET ADDRESS 1900 EAST 9TH STREET, STE 3200
CITY-ST-ZIP CLEVELAND OH

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 320 BARTON AVE

1.4 CITY-ST-ZIP PALM BEACH FL 33480

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 23240 CHAGRIN BLVD, #600

2.4 CITY-ST-ZIP BEACHWOOD OH 44122

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 23240 CHAGRIN BLVD., #600

3.4 CITY-ST-ZIP BEACHWOOD OH 44122

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 23240 CHAGRIN BLVD., #600

5.4 CITY-ST-ZIP BEACHWOOD OH 44122

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

Date

Daytime Phone #

CR2E034 (1/98)

0359409

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Doc #
598000001217

SYMAX AVIATION, INC.
FEI Number: 52-2077210

STATEMENT ATTACHED TO AND MADE PART OF 1999 PROFIT CORPORATION ANNUAL REPORT

Block 12 - Officers and Directors:

Title:	TR	Addition
Name:	David A. Cook	
Street Address:	23240 Chagrin Blvd., #600	
City-St-Zip:	Beachwood, OH 44122	