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**

DOCUMENT # **F98415**

HENDERSON, ANTHONY R.

17885 SE FED HWY **TEQUESTA FL 33469**

1. Corporation Name

9. Name and Address of Current Registered Agent

| AVIATION PARTS INTERNATIONAL COMPURATION | | | | |
|--|---|--|--|--|
| Principal Place of Business | Mailing Address | I (881/88 1518 18181 1814) (184) (184) (184) (184) | | |
| 17885 N. FEDERAL HWY. TEQUESTA FL 33469 US | 17885 SE FED HWY TEQUESTA FL 33469 US | DO NOT WRITE IN THIS SPACE | | |
| | | 3. Date incorporated or Qualifed 09/07/1982 | | |
| Principal Place of Business 1 | 2a. Mailing Address 26 | 4. FEI Number 59-2223199 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | | |
| City & State | City & State | 6. Election Campaign Financing 55 | | |
| Zip Country | Zip Country | This corporation owes the current year Intangible Personal Property Tax. | | |

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90034 010 ***158.75



10. Name and Address of New Registered Agent

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

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

| | <u> </u> | | | | ode 11. 187 | | | |
|--|----------------|-------------|------------------------|--|---------------------------------------|--|--|--|
| | 84 Cit | ty | | FL 85 Zip C | ode | | | |
| 11. Fursuant 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 13 | 3. | ADDITION | S/CHANGES TO OFF | ICERS AND DIRECTOR | | | | |
| TITLE PT DELETE 1.1 | ITITLE | 3.77.7 | · Jane | Change | ☐ Addition | | | |
| NAME HENDERSON, ANTHONY R 12 | NAME | | • | | | | | |
| STREET ADDRESS 3175 COVE ROAD 1.3 | STREET ADDR | RESS | | | | | | |
| GIT-SI-ZIF VOI FILETI LE | CITY-ST-ZIP | | | | | | | |
| TITLE VTS DELETE 2.1 | 1 TITLE | | | ☐ Change | ☐ Addition | | | |
| NAME HENDERSON, DONNA J. 22 | NAME | | | | | | | |
| STREET ADDRESS 3175 COVE ROAD 23 | 3 STREET ADDR | RESS | - | | | | | |
| CITE-31-ZIF QOI I EII I E S. 1 X 2 Z Z Z | 4 CITY-ST-ZIP | | | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE VAS VAS 3.1 | 1 TITLE | | | ☐ Change | Addition | | | |
| HENDERSON, CHRIS | 2 NAME | | | | İ | | | |
| STREET ADDRESS 19096 BASIN ST 33 | 3 STREET ADDR | RESS | | 。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | 在8.8569 | | | |
| 011-01-23 | 4, CITY-ST-ZIP | | | | | | | |
| ΠΙΣE □ DELETE 4.1 | 1 TITLE | ** | 1 5 7 367 3 8, 120 | ું દુધ કે ફુંડ ફુંડ <mark>∏ Change</mark> ફુ | 3) [5].Addidoii | | | |
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| Ciri-31-28 | 4 CITY-ST-ZIP | | | . Change | ☐ Addition | | | |
| | 1 TITLE | | | ☐ Criange | L. Addition | | | |
| NAME: | 2 NAME | | 7. | | | | | |
| STREET ADDRESS | 3 STREET ADDF | | | | | | | |
| CITY-ST-ZIP | 4 CITY-ST-ZIP | | | ☐ Change | Addition | | | |
| III E | | | | □ Change | | | | |
| NAME | 2 NAME | 2500 | | | | | | |
| STREET ADDRESS | 3 STREET ADD | | | • | | | | |
| CITY-ST-ZIP 6.4 | 4 CITY-ST-ZIP | | (i) Florida Statutes I | further certify that the in | nformation | | | |

81 Name

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indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 113.07(3)(f) 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.

561 - 744- 4550