## 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 # G31928 1. Corporation Name

RED BIRD AIRCRAFT, INC.

Principal Place of Business	Mailing Address
% GERALD SILVERMAN	% GERALD SILVERMAN
28 WEST FLAGLER ST., #300	28 WEST FLAGLER ST #300

## FILED Mar 09, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address						I SEMISTI AND INDI SIMIO INDI	1881 1911 81911 8	TAN BIRD BARRY	#1#13 #1#11 1##1		
% GERALD SIL	VERMAN	% GERALD SIL	VERMAN			ļ					
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					<u> </u>	DO NOT WR		SPACE		7	
						3.	Date Incorporated or Qualifed				l
						S 1 = 43	04/01/1983 FEI Number			anlind:Enr	<u>.</u>
~2,~Principal P	lace of Business	2a. Mailing Ad	idress				59-2294041	-	- <del></del>	ot Applicable	-
21[		26 Suite, Apt.	#				38-2284041		<del></del>	Additional	1
Suite, Apt.	#, etc.	27	. #, <del>U</del> IU.			5.	Certifcate of Status Desired			equired	ł
City & Stat		City & Sta	ite			<u> </u>	Election Campaign Financing		\$5.00	May Ro	1
		28				6.	Trust Fund Contribution			to Fees	
23 Zip	Country	Zip		Country		8	This corporation owes the cur	rent vear Int			1
24	25	29	30	1		0.	Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	☐Yes	□No	
	9. Name and Address of Current			$ \top$		10.	Name and Address of New	Registered	Agent		]
		*		81	Name						
	ERMAN, GERALD			82	Ctrost A	alalanna /F	P.O. Box Number is Not Accept	rable)		<del>-</del>	┨
28 V	VEST FLAGLER ST., #300			02	Sureet At	vaaress (F	P.O. BOX NUMBER IS NOT ACCEPT	anie)			
MIAN	VI FL 33130			83							1
				-					Tarl 7:		4
				84	City			FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, FI	orida Statutes.	the abov	e-named co	corporatio	n submits this statement for the	purpose of	changing its	registered	1
office or r	registered agent, or both, in the State of	of Florida. Such ch	ange was auth	orized by	the corpora	ration's b	oard of directors. I hereby acce	pt the appoi	ntment as re	gistered	
agent. i a	m familiar with, and accept the obligat	ions or, Secuoii oc	77.0005, Fibrida	Statutes	<b>5</b> .						}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Rec	cistered Age	nt signature req	guired when	reinstating)	DATE			}
12.	OFFICERS AN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.			ADDITIONS/CHANGES TO O	FICERS AN	ID DIRECTO	ORS IN 12	_
TITLE	P		DELETE	1,1 TITLE					☐ Change	☐ Addition	7
NAME	LANHAM, ARTHUR G.			1.2 NAME							
STREET ADDRESS	ACTO EACHE DE EACHE MAIL			1.3 STREE	TADDRESS						-
CITY-ST-ZIP	AVON CO			1.4 CITY-9	ST-ZIP						
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_NAME	<b> </b>			2.2 NAME	1		y 54				1
STREET ADDRESS				2.3 STREE	TADDRESS	: : <b>**</b>	و و د ه خولدار در در در چه در سه	<del></del>		<del></del>	┿
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NAME				3.2 NAME	1						1
STREET ADDRESS	}			3.3 STREE	TADDRESS						
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		_	· <del>-</del>	6.2 NAME							Ì
	<u> </u>				TADDRESS						
STREET ADDRESS	•			6.4 CITY-S							
CITY-ST-ZIP	i										

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 an other like empowered.

SIGNATURE:

970-949-1710