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FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G77095

(9)

1. Corporation Name
LANDON AVIATION INCORPORATED

Principal Place of Business

%NORTHERN TRUST BANK
700 BRICKELL AVE.
MIAMI FL 33131

Mailing Address

%NORTHERN TRUST BANK
700 BRICKELL AVE.
MIAMI FL 33131-2802



2. Principal Place of Business

State Apt. #, etc.

City & State

Zip Country

2b. Mailing Address

State Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

01/04/1984

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2356141

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYNCH III, STEPHEN A.
%NORTHERN TRUST BANK OF FLORIDA N.A.
700 BRICKELL AVE.
MIAMI FL 33131

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 or 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 of the person authorized to register the agent and the change (delete)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VASD	☒ DELETE
NAME	KOEPSSEL, RONALD	
STREET ADDRESS	700 BRICKELL AVE.	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	PD	☐ DELETE
NAME	LYNCH III, STEPHEN A.	
STREET ADDRESS	700 BRICKELL AVE.	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	VST	☐ DELETE
NAME	NANCY P. HALULA	
STREET ADDRESS	700 BRICKELL AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 included 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.

SIGNATURE: Nancy P. Halula, VP, Sec, Treas.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97

(305) 784-1123

Date

Daytime Phone #

0174816

CR2E034 (9/96)