	NOW: FILING	G FEE AFTER	• • • • • • • • • • • • • • • • •			ILED	
COF	PORATION			ARTMENT OF STATE B. Mortham	Jan 21 1	998 8:0	JUan
ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
Corporation		94197	(2)				
STERLI	ng Aircraft, ing	C.					
•	e of Business		iling Address			ANT DENIT ATATI ATATI ATATI Ant Denit Atati	III 61911 IBUI
820 S. FLORIDA AVE .0.80X 2007 AKELAND FL 33813 IS			D. BOX 2007 Keland FL 33806 S		DO NOT WRITE IN THIS SPACE		
š					3. Date Incorporated or Qualified 04/02/1984	i	
Principal P	lace of Business	2a. 26	Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2426447		pplied For lot Applicable
Suite, Apt.	#, elc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required
City & State	·	28	City & State	······································	 Election Campaign Financing Trust Fund Contribution 		May Be I to Fees
Zip 	25 9, Name and Addres	29	Zip	Country 30	B. This corporation owes or has p Personal Property Tax due Jur 10. Name and Address of New R	ne 30. 🛛 🗶 Yes	ntangible
PET	COFF, THOMAS S		aled Agent	81 Name	10, name and Address of New F	iegisteren Ageitt	<u>_</u>
182	0 South Florida A	VE		82 Street Ad	Idress (P.O. Box Number is Not Accept	able)	·····
I AM	(ELAND FL 33803						
UN.				83			
				84 City		<u>FL</u>	Code
Pursuant t office or re agent. I at	lo the provisions of Secti egistered agent, or both, m familiar with, and acce	, in the State of Florid ept the obligations of,	a. Such change was Section 607.0505, F	84 City authorized by the corpor lorida Statutes.	provration submits this statement for the action's board of directors. I hereby acci	PL purpose of changing ept the appointment a	its registered
Pursuant t office or re agent. I at NATURE	lo the provisions of Secti egistered agent, or both, m familiar with, and acce Stonature, typed or printed name	, in the State of Florid ept the obligations of,	a. Such change was Section 607.0505, F applicable (NC	84 City Ites, the above-named co authorized by the corpor	ration's board of directors. I hereby acc	PL purpose of changing ept the appointment a	its registered s registered
Pursuant 1 office or ra agent. I an NATURE	lo the provisions of Secti egistered agent, or both, m familiar with, and acce Signature, typed or printed name OF PD	in the State of Florid. pt the obligations of, of registered agent and title if FICERS AND DIREC	a. Such change was Section 607.0505, F applicable (NC	84 City authorized by the corpor lorida Statutes. Increased Agent signature record 13, 1.1 IIILE 1.1 IIILE	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a	its registered s registered RS IN 12
Pursuant 1 office or rr agent. I an NATURE	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA	in the State of Florid. of registered agent and title if FICERS AND DIREC	a. Such change was Section 607.0505, F applicable (NC TORS	84 City authorized by the corpor lorida Statules. TE: Registered Agent signature res 13. 1.1 ITLE 1.2 NAME	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO	its registered s registered RS IN 12
Pursuant f office or ra agent. Lan NATURE	lo the provisions of Secti egistered agent, or both, m familiar with, and acce Signature, typed or printed name OF PD	in the State of Florid. at the obligations of, at registered agent and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F applicable (NC TORS	84 City authorized by the corpor lorida Statutes. Increased Agent signature record 13, 1.1 IIILE 1.1 IIILE	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO	its registered s registered RS IN 12
Pursuant 1 office or ra agent. I al NATURE T ADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agent and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F applicable (NC TORS	84 City authorized by the corpor lorida Statules. TE: Registered Agent signature reg 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP 2.1 TITLE	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO	its registered s registered RS IN 12
Pursuant f office or r agent. I at NATURE T ADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agent and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F applicable (NC TORS	84 City authorized by the corpor lorida Statutes. 11 13 1.1 1.2 1.3 1.4 1.4 2.1 1.1	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO	its registered s registered RS IN 12
Pursuant 1 office or r agent. I ai NATURE T ADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agent and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F applicable (NC TORS	84 City authorized by the corpor lorida Statules. TE: Registered Agent signature reg 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP 2.1 TITLE	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO	its registered s registered RS IN 12
Pursuant 1 office or r agent. I ai NATURE TADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agent and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F applicable (NC TORS	B4 City Ites, the above-named cc authorized by the corpor lorida Statutes. TE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO	its registered s registered RS IN 12
Pursuant t office or r agent. I at NATURE TADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F applicable (NC TORS DELETE	B4 City Ites, the above-named cc authorized by the corpor lorida Statutes. TE: Registered Agent signature req 13. 1.1 IIILE 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3 1 TITLE 3 2 NAME	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO Change	its registered s registered RS IN 12
Pursuant t office or r agent. I at NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F applicable (NC TORS DELETE	B4 City Ites, the above-named cc authorized by the corpor lorida Statutes. TE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO Change	its registered s registered RS IN 12
Pursuant t office or r agent. I at NATURE TADDRESS ST-ZIP TADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F applicable (NC TORS DELETE	B4 City Ites, the above-named cc authorized by the corpor lorida Statules. TE: Registered Agent eignature registered Agent	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO Change	Its registered s registered RS IN 12 Addition
Pursuant 1 office or r agent. I an NATURE TADDRESS ST-ZIP TADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F appleating (NO TORS DELETE DELETE	B4 City Ites, the above-named cc authorized by the corpor lorida Statules. TE: Registered Agent signature record 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO Change	Its registered s registered RS IN 12 Addition
Pursuant 1 oflice or r agent. I an NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F appleating (NO TORS DELETE DELETE	B4 City Ites, the above-named cc authorized by the corpor Iorida Statules. International signature rest 13. 1.1 IIILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 3.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.5 STREET ADDRESS	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO Change	Its registered s registered RS IN 12 Addition
Pursuant 1 office or r agent. I an NATURE TADDRESS ST-ZIP TADDRESS ST-ZIP T ADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F appleating (NO TORS DELETE DELETE	B4 City Ites, the above-named cc authorized by the corpor lorida Statules. TE: Registered Agent signature record 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ration's board of directors. Hereby accu	PL purpose of changing ept the appointment a DATE ICERS AND DIRECTO Change	its registered s registered RS IN 12 Addition
Pursuant 1 office or r agent. I ar NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F erpication (NO TORS	B4 City Ites, the above-named cc. authorized by the corpor lorida Statules. ITE: Registered Agent signature res 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ration's board of directors. Hereby accu		its registered s registered RS IN 12 Addition
Pursuant 1 office or ragent. Lan NATURE TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F erpication (NO TORS	B4 City Ites, the above-named cconsultation authorized by the corport Iorida Statules. Iorida Statules. III IIII 1.1 IIIIE IIIIE 1.2 NAME IIIIE 1.3 STREET ADDRESS IIIIE 2.1 TITLE IIIE 2.3 STREET ADDRESS IIIE 3 STREET ADDRESS IIIE 3 STREET ADDRESS IIIE 3 STREET ADDRESS IIIE 3 STREET ADDRESS IIIE 4 I TITLE IIIE 4 I TITLE IIIE 5 I IIIE STREET ADDRESS 4.1 CITY-ST-ZIP IIIE 5 I IIIE STREET ADDRESS 4.1 CITY-ST-ZIP IIIIE 5.1 STREET ADDRESS IIIE 5.3 STREET ADDRESS IIIE	ration's board of directors. Hereby accu		its registered s registered RS IN 12 Addition
Pursuant 1 office or r agent. I an NATURE E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F erpication (NO TORS	B4 City Ites, the above-named cc. authorized by the corpor lorida Statules. ITE: Registered Agent signature res 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ration's board of directors. Hereby accu		its registered s registered RS IN 12 Addition
Pursuant 1 office or r agont. 1 an NATURE E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agont and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F erpikation (NC TORS DELETE DELETE DELETE	B4 City Ites, the above-named cconsultation authorized by the corport Iorida Statules. Iorida Statules. II.1 IIILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3 1 TITLE 3 STREET ADDRESS 3.4 CITY-S1-ZIP 3 TITLE 3 3 STREET ADDRESS 3.4 CITY-S1-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 6.1 TITLE 6.2 NAME	ration's board of directors. Hereby accu	PL	its registered s registered RS IN 12 Addition
Pursuant 1 office or rr agent. 1 ar NATURE E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	to the provisions of Secti egistered agent, or both, m familiar with, and acce Broneture, typed or printed name OF PD PETCOFF, THOMA 1820 S. FLORIDA /	in the State of Florid. at the obligations of, at registered agent and title if FICERS AND DIREC S S AVE.	a. Such change was Section 607.0505, F erpikation (NC TORS DELETE DELETE DELETE	B4 City Ites, the above-named cc. authorized by the corport lorida Statules. ITE: Registered Agent signature rest 13. 1.1 ITILE 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.3 STREE1 ADDRESS 2.4 CITY-S1-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 6.1 TITLE	ration's board of directors. Hereby accu	PL	its registered s registered

7

· .

į

in a constant 🖡