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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H14778

S.N.S. AERO FLORIDA, INC.

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90054 022 \*\*\*150.00



		<u> </u>			
Principal Plac	e of Business :	Mailing Address			1 (and the first training trai
8553 S.E. BANYANTREE ST. 85		% PHILIP S. SCHWARTZMAN 8553 S.E. BANYANTREE ST.			
					DO NOT WRITE IN THIS SPACE
		HOBE SOUND FL 33455	HOBE SOUND, FL 33455		3. Date Incorporated or Qualified
		,			08/01/1984
2. Principal P	face of Business	2a. Mailing Address	•		4. FEI Number Applied For
21		26			73-6501210 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22		27 ·			5. Certificate of Status Desired: Fee Required
City & Stat	e	City & State		"-	6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry	This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Current				10. Name and Address of New Registered Agent
0.01				81 Name	9
	WARTZMAN, PHILIP S.			82 Street	et Address (P.O. Box Number is Not Acceptable)
8553 S.E. BANYANTREE ST.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOE	BE SOUND FL 33455		-	83	
	•			84 City	FL 85 Zip Code 3
<u> </u>		1 0074500 FIERRA CANA		h nama	
office or a	registered agent, or both, in the State or implementation of familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized orida Stati	t by the corputes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE				•	·
	Signature, typed or printed name of registered agent	· '' ••••			e required when reinstating), 14, 14, DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change
TITLE	P	☐ DELETE	1.1 Tr		Change   Adolition
NAME	SCHWARTZMAN, PHILIP S.		1.2 N		
STREET ADDRESS				TREET ADDRESS	s 《 10 10 10 14 15 15 15 15 15 15 15 15 15 15 15 15 15
CITY-ST-ZIP	HOBE SOUND FL	· DELETE		TY-ST-ZIP	Change [] Addition
TITLE	S	☐ DELETE	2.1 TI		O tipinge
NAME	SCHWARTZMAN, JOHN E.		2.2 N/		
STREET ADDRESS			2.3 ST	TREET ADDRESS	\$
CITY-ST-ZIP	HOBE SOUND FL		_	TY-ST-ZIP	pa (1)
TITLE	A Toronto a series	☐ DELETE	3.1 TT	TLE	☐ Change ☐ Addition
NAME	SCHWARTZMAN, ROBERT S.		3.2 N	AME	
STREET ADDRESS	15 C C C C C C C C C C C C C C C C C C C		3.3 S1	TREET ADDRESS	S 1 / Company to the contract of the contract
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NAME		. DELETE		ITY-ST-ZIP	Change Addition
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		DELETE	3.4. C 4.1 TI 4. 2 N	TLE	
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CITY-ST-ZIP.		A SUR COMMIT	3.4. C 4.1 TI 4. 2 N 4.3 ST	ITY-ST-ZIP TLE IAME TREET ADDRESS ITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	14 (3 e)	PS 1 No. 2 Control of the Control of	3.4. C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TF 5.2 N 5.3 S1 5.4 CI	ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TREET ADDRESS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$1	PS 1 No. 2 Control of the Control of	3.4. C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI 6.1 TT 6.2 NV	ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TREET ADDRESS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	PS 1 No. 2 Control of the Control of	3.4. C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI 6.1 TT 6.2 NV 6.3 S1	ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	Change Addition

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 comporation or the receiver or trustee empowered to execute this report as equired 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.