**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90109 028 \*\*\*150.00

## DOCUMENT # H18443

1. Corporation	n Name						
SARASOTA AVIATION ENTERPRISES, INC.					I TREADY BIRT WANT IN MAN BIRDS HILL BIR	11 <b>212) 1</b> 3 17 17 17	01811 S1812 81811 18
Principal Place	e of Business	Mailing Address			1		
6260 COLAN PLACE 6260 COLAN PEROE					. 1. ORC. 100 DO NOT WRITE IN TH	IIS SPACE	· •
] **					3. Date Incorporated or Qualifed		
}					08/23/1984		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	_	Applied For
21 443	Z Rum Cau Circle	26 4432 Rum	Cau	<u>Circle</u>	. 59-2455058		Not Applicat
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	***	75 Additional e Required
City & State City & State					6. Election Campaign Financing	\$5.	00 May Be
23 Sarasota FL. 28 Sarasota			F	<b>l</b>	Trust Fund Contribution	Add	ded to Fees
Zip _	Country	Zip	Country		8. This corporation owes the current year	Intangible	
	Z33 [25]	29 34733 30			Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	# 148/11 THE FIGURE OF CONTOUR		81	Name			
BRAINARD JR, MILLAR							
4432 RUM CAY CIR				Street Addre	ess (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34233							
]			84	'	F		Zlp Code
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligatio	Floreda Silich change was auch	onzea ov	Me conociation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changin pointment a	g its registered is registered
SIGNATURE					DATE		
<u> </u>	Signature, typed or printed name of registered agent a		gistered Ager	beniuper equired	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS OF TAXABLE TO OFFICE IN	☐ Cha	
TITLE	DST	□ pere≀e		1			
NAME	Brainard, Millar		1.2 NAME				

CR2E034 (11/98) 4432 RUM CAY CIR 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 21 TITLE TITLE BRUNETTE, RONALD 22 NAME NAME 4125 AGBOTTS FOND ST. Albots pord. 2.3 STREET ADORESS STREET ADDRESS NORTH PORT FL 34287 2.4 CITY-ST-20P CITY-ST-ZIP . Addition DELETE . Change 31 TIME TITLE 3.2 NAME NALIE MARTIN, JAMES W. 5475 OXFORD DATE 5939 SANDSTONE AVE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 34. CITY-57-ZIP CITY-ST-ZIP TO DELETE Chance . \_\_\_ Addition TITLE a Trute = 4 2 NAME NAME A.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TM F 52 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY- ST-ZIP CITY-ST-ZIP 6.1 TILE Change Addition OELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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 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 an attachapent with an address, with all other like empowered.

SIGNATURE: