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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H22183

U.S. AVIATORS, INC.

| Principal Place of Business Mailing Address | | | | | | | ***** | | II BIBII BIBIC (888) | |
|--|---|-------------------|---|--|--|---|---|--------------|----------------------|--------------------------------------|
| 6595 STONE ROAD | | _ | 6595 STONE ROAD | | | | | | | |
| WEST PALM-BI | EACH FL 33413 | WE | ST PALM BEACH FL | 33413 | | | DO NOT WRITE | IN THIS S | PACE | |
| | | | | | | | 3. Date Incorporated or Qualifed | 111100 | HOL | |
| | | | | | | | 09/21/1984 | | | |
| 2. Principal P | Place of Business | 2a. | Mailing Address | | | | 4. FEI Number | | 1 | Applied For |
| 21 | | 26 | | | | | 59-2560670 | , | | lot Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | \$8.75 | Additional |
| 22 | | 27 | - H | | | | J. Continuate of Claus Desired | <i>-</i> ′ | | Required |
| City & State | | \vdash | City & State | | | | 6. Election Campaign Financing | 7 | | May Be |
| 23 | O | 28 | 7:- | 0 | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | | Zip | | untry | | 8. This corporation owes the current | - | - | □No |
| 24 | 25 9. Name and Address of Curi | 29 | tored Agent | 30 | Г | | Personal Property Tax. 10. Name and Address of New Reg | | Yes | |
| | 5. Walle and Address of Cur | ient Kegis | tered Agent | | 81 | Name | 10. Name and Address of New Key | istereu Aţ | CIII | |
| HALI | L, ROY A. | | | | | | | | | |
| 6595 | 5 STONE ROAD | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable |) | | |
| WES | ST PALM BEACH FL 33413 | | | | 83 | | <u> </u> | 3 . 2 2 | No. 1. 4 | |
| | | | | | · | | | X 2 2 | 7 | 10 |
| | | | | - | 84 | City | • | FI; | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 6 | 07.1508. Florida Statu | utes, the a | bove | -named cor | rporation submits this statement for the pur | pose of ch | anging it | ts registered |
| office or re | egistered agent, or both, in the Sta | te of Florid | a. Such change was | authorize | | | tion's board of directors. I hereby accept the | | | |
| | | | Coation 607 AFOE D | lamida Ctai | uton. | uio corporar | | | | -3 |
| _ | m familiar with, and accept the obli | igations of, | Section 607.0505, F | lorida Stat | utes. | uio corporar | | | | -9 |
| SIGNATURE | im familiar with, and accept the oblications of the oblication of | | | | utes. | , | red when reinstating) | DATE | | |
| SIGNATURE | · · · · · · · · · · · · · · · · · · · | agent and title i | applicable. (NO1 | | utes. | , | red when reinstating) ADDITIONS/CHANGES TO OFFIC | | DIRECT | |
| SIGNATURE | Signature, typed or printed name of registered a | agent and title i | applicable. (NO1 | TE: Registered | utes. I Agent | , | ., 9, ., | ERS AND | DIRECT | ORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered a OFFICERS of PST HALL III, ROY A. | agent and title i | rapplicable. (NOT | TE: Registered | utes. I Agent | , | ., 9, ., | ERS AND | | ORS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered a OFFICERS . | agent and title i | rapplicable. (NOT | TE: Registered 13. 1.1 TI 1.2 N | I Agent TLE AME | , | ., 9, ., | ERS AND | | ORS IN 12 |
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90033 031 ***158.75