PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H27253

SLAYDE	N AVIATION CONSULTANTS	S, INC.					
Principal Place of Business Mailing Address							
% HAROLD D. SLAYDEN % HAROLD D. SLAYDEN 7320 SW 109TH TERRACE 7320 SW 109TH TERRACE MIAMI FL 33156 MIAMI FL 33156					DO NOT WRIT	E IN THIS SPACE	
MINIMI TE GOTO					3. Date Incorporated or Qualifed		
					10/25/1984		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 26					59-2455301	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
27					5. Certifcate of Status Desired	Fee R	equired
City & State	9	City & State			6. Election Campaign Financing	·\$5:00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre		_/
24	25 29 30		0		Personal Property Tax.	☐ Yes	₩o
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
OLIVERY WERE D			81	Name			\
SLAYDEN, HAROLD D.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
7320 SW 109TH TERRACE			L.				
MIAMI FL 33156			83				
			84	City			Code
					<u> </u>	FL <u> </u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the corpora	rporation submits this statement for the tition's board of directors. I hereby accept	surpose of changing its the appointment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: 9	enirtored Ager	nt eignature regur	ired when reinstating)	DATE	
12.	OFFICERS AN		13.	n signature requ	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE			1.1 TITLE			Change	☐ Addition
NAME	SLAYDEN, HAROLD D.		1.2 NAME				
STREET ADDRESS	TOOL OW ADOTH TERRACE		13 STREET	TADDRESS			
	14444 C)		1.4 CITY-S				J
CITY-ST-ZIP TITLE			2.1 TITLE	(-2)		☐ Change	☐ Addition
NAME			2 2 NAME				ļ
STREET ADDRESS	7000 CW 400TH TERRACE			T ADDRESS			-
	AMANUSI		2. 4 CfTY-S				
CITY-ST-ZIP TITLE			3.1 TITLE), <u>Li</u>		☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	TARA OUT AROTH TERRACE			T ADDRESS			
	LALAM EL		3.4. CITY-5				Ì
CITY-ST-ZIP TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME	1		4. 2 NAME				Ì
STREET ADDRESS	7320 SW 109TH TERRACE			T ADORESS			
CITY-ST-ZIP	A SI A D SI CO		4.4 CITY-S				
TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			.]
CITY-ST-ZIP			5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
			62 NAME			_ •	Í

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90192 004 ***150.00