05131999-90029-008-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # *H47545*

1. Corporation Name

STEWART AVIATION DATA, INC.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90029 008 ***150.00

* 5 560383 - 90065 - 50 3 *

		-					
Principal Place of Business Mailing Address							
10.54	40 N.W. 26TH ST	REET, STE G204	2				
MIAMI, FLORIDA 33172-2162					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified MARCH 15, 1985		
							Principal Place of Business Za. Mailing Address
21 26						59-2507139 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State	¬ • • • • • • • • • • • • • • • • • • •			6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees	
- Zip —Country -		- Zip-	ļ == 			8. This corporation owes the current year Intangible	
4	25 29		30	30		Personal Property Tax.	□No
	9. Name and Address of Cui	rent Registered Agent				10. Name and Address of New Registered Agent	
	_			81	Name		
ROBERT S. JOBES				82	32 Street Address (P.O. Box Number is Not Acceptable)		
3910 S.W. 106TH TERRACE				В3			
D	AVIE, FLORIDA 3	3328	l	84	City	FL 85 Z	ip Code
			 		 _	oration submits this statement for the purpose of changing	ite registered
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	TE Registered	Agent	signature require	o when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	PRESIDENT	☐ DELETE	1,1 11	RΕ		Chan	ge 🗌 Addition
NAME	ROBERT S. JOBS 3910 S.W. 106TH	es 	1.2 NA				
STREET ADDRESS	3910 S.W. 106TH	/6CKMCE 13279			ADDRESS		
CITY-ST-ZIP	DAVIE, FLORIDA 3	DELETE	1,4 CF	TY-ST	-ZIP	☐ Chan	ge Addition
TITLE	SECRETARY SUZANNE M. JOB	I BLEEFE	22 N		}	3,4	
NAME STREET ADDRESS	SUZANNE M. JOB 3910 S.W. 106TH	TERRACE]		ADDRESS		
CITY-ST-ZIP	DAVIE, FLORIDA .	33328		ITY-ST	1		
TITLE		☐ DELETE	3.1 TII			☐ Chan	ge Addition
NAME -			3.2 NA	WE			
STREET ADDRESS	_		3 3 ST	REET	ADDRESS		
CITY-ST-ZIP				TY-ST	-ZIP	Chan	ge Addition
TITLE		☐ OELETE	4.1 111		ļ		å. □
NAME			4 2 N		ADDRESS		
STREET ADORESS			n	TY-ST-			
CITY-ST-ZIP	 	DELETE	5.1 TH		-	☐ Chan	ge Addition
NAME :		•	52 NA				
STREET ADDRESS			5.3 ST	REET	ADDRESS		
CITY-ST-ZIP				TY-ST-	ZIP		
TITLE		☐ DELETE	6.1 TI			☐ Chang	e Addition
NAME			6.2 NA				
STREET ADDRESS					ADDRESS		
Officer and	1		64 CD	TY-ST-	ZIP		1

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, 97 on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25,99 305-594-6601