

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthoz
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K14920 (8)

1. Corporation Name
AIR CARE AIRCRAFT SUPPLY, INC.

Principal Place of Business: **19701 STERLING DR MIAMI FL 33157 US**

Mailing Address: **19701 STERLING DR MIAMI FL 33157-8552 US**



2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/15/1988**

3a. Date of Last Report: **08/29/1996**

4. FEI Number: **65-0027674**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BUELL, SCOTT T.
15380 S.W. 151 TR.
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name: **CONNELLY, ROBERT J.**

82 Street Address (P.O. Box Number is Not Acceptable): **19701 STERLING DR.**

83 City: **MIAMI** FL 85 Zip Code: **33157**

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Chapter 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE - Registered Agent signature required when re-registering) DATE: **5/5/97**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	BUELL, SCOTT T.	
STREET ADDRESS	15380 S.W. 151 TR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	URRUTIA, RUBEN B.	
STREET ADDRESS	1101 SNAPPER CREEK DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONNELLY, ROBERT J	
STREET ADDRESS	19701 STERLING DR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CONNELLY, SHEILA D.	
1.3 STREET ADDRESS	19701 STERLING DR	
1.4 CITY-ST-ZIP	MIAMI, FL. 33157	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *[Signature]* DATE: **5/14/97** TIME: **2:57** OFFICE: **257-0243**

CR2E034 (9/96)