

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90116 007 ***158.75

DOCUMENT # K57443

1. Corporation Name

AIRPORT & AVIATION PROFESSIONALS, INC.

Principal Place of Business

C/O PHILLIP A. STROHM
2640 GOLDENGATE PARKWAY, STE 301
NAPLES FL 33942

Mailing Address

C/O PHILLIP A. STROHM
2640 GOLDENGATE PARKWAY, STE 301
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1989

4. FEI Number

65-0094333

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

STROHM, PHILLIP A.
2640 GOLDEN GATE PARKWAY
SUITE 301
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STROHM, PHILLIP A.
STREET ADDRESS 2640 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES FL

TITLE CD
NAME THOMAS, JEFFREY N.
STREET ADDRESS 6151 W. CENTURY BLVD. SUITE 1000
CITY-ST-ZIP LOS ANGELES CA

TITLE VPD
NAME HAUS, GERALD P
STREET ADDRESS 2479 PINWOOD CIR
CITY-ST-ZIP NAPLES FL

TITLE VPD
NAME CHIVINGTON, STEVEN P
STREET ADDRESS 1703 ADA COURT
CITY-ST-ZIP NAPERVILLE IL 60540

TITLE VPD
NAME CASTO, GREGORY A
STREET ADDRESS 2008 KINDERTON MANOR DR
CITY-ST-ZIP DULUTH GA 30136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99

941-262-0010

CR2E034 (11/98)

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