2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K59050



FILED Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90079 028 ***150.00

1. Entity Name SOUTHERN AIRCRAFT SERVICES, INC.						
450 E. LAS OLAS BLVD., STE 1500 4		Mailing Address 450 E. LAS OLAS BLVD FT. LAUDERDALE, FL 3			4068373	
2. Principal Place of Business 3.		3. Mailing Address				
		Suite, Apt. #, etc.		04212004 Chg-P CR	2E034 (10/03)	
		City & State	-	4. FEI Number 65-0094030	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registe	red Agent	
AMERICAN INFORMATION SERVICES, INC. 350 E. LAS OLAS BLVD., STE 1600 FT LAUDERDALE, FL 33301			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
				·		
			City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS	DP WURZENGA, H W JR 450 E. LAS OLAS BLVD., STE 1	☐ Delete	TITLE NAME STREET ADDRESS	P 412eNGA H,W, JR 50 E LAS OLAS BLUO SI	Change Addition	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP	T LAVOYDALE FL 333		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRANDEN, CRIS V 450 E. LAS OLAS BLVD., STE 1 FT. LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANDLEY, RICHARD L 450 E. LAS OLAS BLVD., STE 1 FT. LAUDERDALE, FL 33301	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or dister empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: CALL REWON VIV. P./ USINT YILIM 95Y-6275 WO						