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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90013 012 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K64826

1. Corporation Name
AVIATION TECHNICAL GROUP, INC.



Principal Place of Business

~~4026 INVERRARY BLVD~~
~~#1603~~
~~LAUDERHILL FL 33319~~
~~US~~

Mailing Address

~~4026 INVERRARY BLVD~~
~~#1603~~
~~LAUDERHILL FL 33319~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1989

4. FEI Number

65-0101219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 3200 N. OCEAN BLVD

2a. Mailing Address

26 3200 N. OCEAN BLVD

Suite Apt. #, etc.

Suite Apt. #, etc.

22 #2007

27 #2007

City & State

City & State

23 FT. LAUDERDALE, FL.

28 FT. LAUDERDALE, FL.

Zip Country

Zip Country

24 33308

25 FLORIDA

29 33308

30 FLORIDA

9. Name and Address of Current Registered Agent

FELDMAN, MIRIAM A.
~~4026 INVERRARY BLVD~~
~~#1603~~
~~LAUDERHILL FL 33319~~

10. Name and Address of New Registered Agent

81 Name MIRIAM A. FELDMAN
82 Street Address (P.O. Box Number is Not Acceptable)
3200 N. OCEAN BLVD
83 Suite #2007
84 City FT. LAUDERDALE FL 85 Zip Code 33308

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

Miriam A. Feldman Sec. Treas.

1-26-99

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 FELDMAN, RON
STREET ADDRESS 4026 INVERRARY BLVD #1603
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE SD
NAME FELDMAN, MIRIAM A.
STREET ADDRESS 4026 INVERRARY BLVD #1603
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FELDMAN, RON
1.3 STREET ADDRESS 3200 N. OCEAN BLVD Suite #2007
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33308

2.1 TITLE SD
2.2 NAME FELDMAN, MIRIAM A.
2.3 STREET ADDRESS 3200 N. OCEAN BLVD. Suite #2007
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33308

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:

Miriam A. Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99 (954) 375-2008

CR2E034 (11/98)