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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K89582

1. Corporation Name

Principal Place of Business

SOUTHERN PRINCESS AEROSPACE, INC.

3611 NE 16TH TERR BLDG A POMPANO BCH FL 33064 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State		3611 NE 16TH TERR BLDG A POMPANO BCH FL 33064 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/22/1989 4. FEI Number 65-0180545 5. Certificate of Status Desired 6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees			
Zip 24	p Country Zip Co 25 29 30			8, This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Curre				10. Name and Address of New Registered	Agent		
			81	Name				
3611	KHALAF, RONNIE I N.E. 16TH TER.		82	Street Add	Address (P.O. Box Number is Not Acceptable)			
POM	IPANO BEACH FL 33064		83					
]	,		84	City	F	85 Zip (Code	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered as	KONNIE ABUK	HAL	4F	on's board of directors. I hereby accept the appropriate the property of the directors of the appropriate of the directors of the appropriate of t		DRS IN 12	
TITLE .	PD	☐ DELETE	1,1 TITLE			Change	Addition	
NAME	ABUKHALAF, RONNIE	•	1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS			İ	
CiTY-ST-ZIP	W PALM BEACH FL		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME				į	
STREET ADDRESS	a a section to the			TADORESS -	· · ·		• •	
CITY-ST-ZIP		DELETE	2. 4 CITY-5	ST-ZIP		Change	Addition	
TITLE		C Delete	3.1 TITLE 3.2 NAME			□ enange		
NAME	1			TADDRESS				
STREET ADORESS			3.4. CfTY-5				ł	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	1 ·		Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS	,		4.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP	·		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS	·		1	TADDRESS			Į	
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	T-ZIP		☐ Change	☐ Addition	
TITLE	Section That I had a	☐ DELETE	6.2 NAME			опапуе		
NAME (%)				T ADDRESS				

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.

6.4 CITY-ST-ZiP

CITY-ST-ZIP

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90154 041 ***150.00