## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11950 (7)

1. Corporation Name

AVIATION MANAGEMENT INTERNATIONAL INCORPORATE

Jul 24 1997 8:00am Secretary of State

**FILED** 

5500 NW 218 HANGER 26	ON MANAGEMENT INTERN DE of Business ST TERRACE DALE FL 33309	Mailing Address 5500 NW 21ST TERRAC HANGER 26 FT. LAUDERDALE FL 3 US	DE		TE IN THIS SPACE  3a. Date of Last Report
00		00		· · · · · · · · · · · · · · · · · · ·	
2. Principal F	Place of Business	2a. Mailing Address		<b>08/28/1989 4.</b> FEI Number	04/23/1996 Applied For
21		26		65-0146696	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o, Certificate of Status Desired	Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	<del></del>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	25 9, Name and Address of Curre	29 29 Agent	<u>[30]</u>	Personal Property Tax due Jun  10. Name and Address of New R	
	WARTH, KEVIN C.	The state of the s	81 Name	10, 1101110 4112 7441 000 01 1107 11	iogiatoroa vigorii
	00 NW 21ST TERRACE		<b>90</b> Steel	Aldress (D.C. Down) when is Not Assessed	
	NGER 26		82 Street A	Address (P.O. Box Number is Not Accepta	ablej
	. LAUDERDALE FL 33309		83		
, ,,			84 City		85 Zip Code
			84 City		FL 85 Zip Code
			s authorized by the corp	oration's board of directors. I hereby acco	epi the appointment as registered
agent. I a SIGNATURE	Signature, typed or printed name of registered a	gations of, Section 607.0505,	S authorized by the corp Florida Statutes.  OTE: Registered Agent signature	required when reinstating)	DATE
agent. I a	Signature, typed or printed name of registered a	gations of, Section 607.0505,  Igent and title if applicable. (N	Florida Statutes. OIL: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE  ICERS AND DIRECTORS IN 12  Change   Addition
agent I a SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505,  gent and title if applicable. (N  ND DIRECTORS	Florida Statutes.  OTE: Registered Agent signature  13.	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE  ICERS AND DIRECTORS IN 12  Change Addition
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agent I a SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A D HOWARTH, KEVIN C. 3010 SW 21ST TERRACE #1 DELRAY BEACH FL 33445	gations of, Section 607.0505.  Igoni and the it applicable. (N ND DIRECTORS  DELETE	OTE: Registered Agent signature  13. 1.1 TILE 1.2 NAME	HOWARTH, ICEVIN C 2891 SW 22ND CID DELRAY BEACH, EZ 3	DATE  FICERS AND DIRECTORS IN 12  Change Addition  R # 47A  33445
Agent I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A D HOWARTH, KEVIN C. 3010 SW 21ST TERRACE # DELRAY BEACH FL 33445	gations of, Section 607.0505,  gonf and title if applicable. (N ND DIRECTORS	TIC: Registered Agent signature  13. 1.1 TILE 1.2 NAME 13 SHEET ADDRESS	HOWARTH, ICEVIN C 2891 SW 22ND CID DELRAY BEACH, EZ 3	DATE  FICERS AND DIRECTORS IN 12  Change Addition  R. #47A  33445
Agent I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS A D HOWARTH, KEVIN C. 3010 SW 21ST TERRACE # DELRAY BEACH FL 33445 P HUTSON, KENNETH J	gations of, Section 607.0505.  Igoni and the it applicable. (N ND DIRECTORS  DELETE	Tit: Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	HOWARTH, ICEVIN C 2891 SW 22ND CID DELRAY BEACH, EZ 3	DATE  FICERS AND DIRECTORS IN 12  Change Addition  R # 47A  33445
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4. 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.