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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1	•	1999	4	DIVISION OF C	ORPORA	ATIONS			
DOCUMENT # L13985							02-03-1999 90020 014 ****158.75		
1.	Corporation	n Name							
	SOUTHE	RN CROSS AVIATIO	N, INC.				1 (68)(4)(60) (1866 (11)) (820) (610)	ORIS BABIS BEDGI ANDRI ASSIS TA	NII NINK 1986
}		· · ·							
Pri	ncipal Place	e of Business	Mail	ing Address ,	. • :				
1575 W COMMERCIAL BLVD 4260 NW 95TH AVE.					•				. •
STE 35B FT LAUDERDALE FL 33309				CORAL SPRINGS FL 33065 US			DO NOT WRITE	IN THIS SPACE	
US	271002110112						3. Date Incorporated or Qualifed		
(·					08/25/1989		P 15.
-	Principal Pl	lace of Business	<u> </u>	Mailing Address			4. FEI Number 65-0143850	<u> </u>	Applicable
21	Cuite Ant	# ata	[26]	Suite, Apt. #, etc.				\$8.75 A	
22	Suite, Apt. #, etc.			27			5. Certifcate of Status Desired	Fee Rec	
221	City & State	e :		City & State			6. Election Campaign Financing	\$5.00	May Be
23	_ •			28			Trust Fund Contribution Added to Fees		
				Cour	itry	8. This corporation owes the curren	t year Intangible ☐ Yes	□No ↓	
24 25 29 29 9. Name and Address of Current Registered				30			Personal Property Tax. 10. Name and Address of New Re		
<u> </u>		9. Name and Address of	or Current Registe	neu Agent		81 Name	IV. Hamo and Adams of the state		
		MANN, PATRICK C.				82 Street Add	ress (P.O. Box Number is Not Acceptable	(a)	
4260 NW 95TH AVE.					l	02 Street Add	ness (F.O. Box Number is Not Acceptable		y S.,
ļ	COR	IAL SPRINGS FL 33065			ĺ	83			
		f' + i				84 City		85 Zip C	ode
	and the arrest of	er Se	pt at	<u> </u>		1		FL	istorad
1,1	Pursuant	to the provisions of Sections	s 607.0502 and 60	7 1508 Florida Statute	s the at	ove-named con	poration submits this statement for the pu	prose of changing its	
	office or re	egistered agent, or both, in t	the State of Florida	. Such change was au	thorized	by the corporati	ion's board of directors. I hereby accept	the appointment as reg	gistered
3	office or re agent. I a	egistered agent, or both, in t m familiar with, and accept t	the State of Florida the obligations of, S	s. Such change was au Section 607.0505, Flori	ithorized ida Statu	by the corporati	poration submits this statement for the pulson's board of directors. I hereby accept	the appointment as rec	gistered
SI	∵agent. I ai GNATURÉ	m tamiliar with, and accept t	the obligations of, s	Section 607.0505, Flor	iua Sialu	by the corporati		the appointment as reg	gistered
SI 12	GNATURE	m familiar with, and accept to	the obligations of, s	applicable. (NOTE:	iua Sialu	ies.		DATE CERS AND DIRECTOR	RS IN 12
	GNATURE	Signature, typed or printed name of re OFFit	ne obligations of, s	applicable. (NOTE:	Registered	Agent signature require	ed when reinstating)	DATE	
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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 of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 03, 1999 8:00am

Secretary of State