

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L41248** (0)

1. Corporation Name

AVCENTER INTERNATIONAL, INC.

Principal Place of Business

**1792 HANGAR ROAD
SANFORD AIRPORT
SANFORD FL 32773-6833**

Mailing Address

**1792 HANGAR ROAD
SANFORD AIRPORT
SANFORD FL 32773-6833**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/04/1990

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2983256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**KAREN M. MCKINNON
1992 COURTLAND BLVD.
DELTONA FL 32738**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0542 and 607.1509, 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

Signature, last name, first name, and middle initial of registered agent, and the name of the corporation, and the date of filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE
NAME **FRIEDLE SUSAN T**
STREET ADDRESS **450 CARDINAL OAKS COURT**
CITY-ST-ZIP **LAKE MARY FL**

TITLE **D** ☐ DELETE
NAME **FRIEDLE, LOREN M.**
STREET ADDRESS **450 CARDINAL OAKS COURT**
CITY-ST-ZIP **LAKE MARY FL**

TITLE **DP** ☐ DELETE
NAME **MCKINNON, KAREN M.**
STREET ADDRESS **1992 COURTLAND BLVD.**
CITY-ST-ZIP **DELTONA FL**

TITLE **DVP** ☐ DELETE
NAME **BROOKS JACK T**
STREET ADDRESS **242 E HORNBEAM DRIVE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE
NAME **FRIEDLE CHRISTOPHER M**
STREET ADDRESS **7024 JACKMAN BLVD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE
NAME **HUGHES MICHAEL E**
STREET ADDRESS **907ADLER DRIVE**
CITY-ST-ZIP **DELTONA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Karen M. McKinnon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

407-323-6200

CR2E034 (12/95)