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

P-ROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT # 1. Corporation Name AVIATION MARINE INTERNATIONAL, INC.

Suite, Apt. #, etc. 27 City & State City	Applied for Not Applicable 75 Additional Required .00 May Be ided to Fees r's 199.032.
SUITE 120 CASSELBERRY FL 32707 US 2. Principal Place of Business 2a. Mailing Ackinass 2b. Mailing Ackinass 2c. Mailing Ackinass 2c. Suite, April #, etc. Suite, April #, etc. Suite, April #, et	Applied for Not Applicable 75 Additional se Required .00 May Be ided to Fees r's 199.032.
CASSELBERRY FL 32707 US 2. Principal Place of Business 2. Adaining Ackiness 2. Adaining Ackiness 3. Date Incorporated or Guidified 05/01/16/1990 05/01/16/1990 3. Date of Level 05/01/16/1990 05/01/16/1990 3. Date of Level 05/01/16/1990 5. Certinicale of Status Desired 2/59-2984828 5. Certinicale of Status Desired 2/59-2984828 City & State City & State City & State City & State Country Zip Zip Zip Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	Applied for Not Applicable 75 Additional se Required .00 May Be ided to Fees r's 199.032.
US 3. Date Incorporated or Qualified O1/16/1990 2. Principal Place of Business 2a. Maining Ackiness 25. Suite, Apri. #, etc. Su	Applied for Not Applicable 75 Additional se Required .00 May Be ided to Fees r's 199.032.
2. Principal Place of Business 28. Mailing Ackliness 26. Suite, Apt. III, etc. Suite, Apt. III, etc. Suite, Apt. III, etc. City & State City & State City & State 27. Country Zip Country Zip Country Zip Country Zip COMBS, ROBERT J 8206 PAMALCO ST ORLANDO FL 32817 83. City Street Address (P.O. Box Number is Not Acceptable) 84. City Street Address (P.O. Box Number is Not Acceptable) FL 85 Signature, to the provisions of Sections 607 0502 and 602 1508. Finals Statutes FL 85 Signature, the companies of Sections 607 0502 and 602 1508. Finals Statutes to allower humbed carporation submits has statement for the purpose of changing in or registered agent, or both, in the State of Florida Statutes Signature FL 85 Signature, types or principal agent and the Tagle agent and the Tagle agent and the Tagle agent and the Country and accept the obligations of Section 607 0505. Florida Statutes FL 85 Signature, types or principal agent and the Tagle agent age	Applied for Not Applicable 75 Additional as Required .00 May Be ided to Fees r's 199.032.
Sulte, Apt. #, etc. Sulte, Ap	Not Applicable 75 Additional se Required .00 May Be ided to Fees r's 199.032. Zip Code
Suite, Apt. #, etc. Suite, Apt. #, etc.	75 Additional se Required .00 May Be ided to Fees r's 199.032.
City & State Ci	De Required .00 May Be ided to Fees r's 199.032.
City & State 28 City & State 29 Country 25 29 30 Country 29 30 Country 8. This corporation has liability for intengible tax under Fichida Statutes 27 Yes No. 9. Name and Address of Current Registered Agent COOMBS, ROBERT J 8206 PAMLICO ST ORLANDO FL 32817 83 City & State 84 City & State 10. Name and Address of New Registered Agent 84 City & Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 88 City & State 88 City & Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Fiorida Statutes, the above named corporation submits this statement for the purpose of changing in originating with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE Signature, types or prince care of registered agent are Not Cappled agent a	ded to Fees r s 199.032, Zip Code
Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for intengible tax under Florida Statutes E. Yes No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Name Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name Registered Agent	r's 199.032. Zip Code
9. Name and Address of Current Registered Agent COOMBS, ROBERT J 8206 PAMILCO ST ORLANDO FL 32817 82 Street Address (P.O. Box Numitier is Not Acceptable) 82 Street Address (P.O. Box Numitier is Not Acceptable) 83 City FL 85 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above mained corporation submits this statement for the purpose of changing in 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 registe familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signative, typed or prince registered agent also fill, Eaglified in OFFICE RS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. TITLE PD DELETE 17. STREET ADDRESS CASSELBERRY FL 18. DELETE 19. DELETE 2 1 TITLE D DELETE 2 1 TITLE ADAMS, TERESA D 22. NAME 33. STREET ADDRESS CASSELBERRY FL CHANGES TO OFFICERS AND DIRECTORS 23. STREET ADDRESS CASSELBERRY FL CHANGES	Zip Code
9. Name and Address of Current Registered Agent COOMBS, ROBERT J 8206 PAMALICO ST ORLANDO FL 32817 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 in or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signarias, types or prince of registried agent, and the familiar with an accept the obligations of, Section 607.0505 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS 14. CITY-ST ZIP TILLE D DELETE 13. STREET ADDRESS CASSELBERRY FL 14. CITY-ST ZIP TILLE D DELETE 2 1 TillE D DELETE 2 2 NAME ADAMS, TERESA D STREET ADDRESS CASSELBERRY FL 14. CITY-ST ZIP TILLE D CASSELBERRY FL 15. CITAL CASSELBERRY FL 16. CITAL CASSELBERRY FL 17. CITAL CASSELBERRY FL 18. STREET ADDRESS CASSELBERRY FL 19. CITAL CASSELBERRY FL 10. CITAL CASSELBERRY FL 11. CITY-ST ZIP TILLE D CASSELBERRY FL 12. CASSELBERRY FL 13. STREET ADDRESS CASSELBERRY FL 14. CITY-ST ZIP TILLE D CASSELBERRY FL 25. TILLE 26. TILLE CASSELBERRY FL 14. CITY-ST ZIP TILLE CASSELBERRY FLACE CASSELBERRY FLA	ts rea stered office
COOMBS, ROBERT J 8206 PAMILOO ST ORLANDO FL 32817 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registor familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, types or prince family of registered agent and the Tapping was authorized Agent signature prince the improving accept the appointment as registor familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, types or prince family of registered agent and the Tapping was authorized Agent signature prince the improving accept the appointment as registor familiar with, and accept the obligations of Tapping was authorized by the corporation's board of directors. Thereby accept the appointment as registor familiar with, and accept the obligations of Tapping was authorized by the corporation's board of directors. Thereby accept the appointment as registor familiar with, and accept agent and the Tapping was authorized by the corporation's board of directors. Thereby accept the appointment as registor familiar with, and accept the appointment as registor familiar with	ts rea stered office
COOMBS, ROBERT J 8206 PAMLICO ST ORLANDO FL 32817 83 84 City FL 85 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 in or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prince range of registered agent and str. Taylar also PD OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Florida Statutes. SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS 12. NAME ADAMS, JON R 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS CASSELBERRY FL 14. City - ST 2IP TILE D OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS 14. City - ST 2IP 15. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS 16. TILE 17. TILE 18.	ts rea stered office
8208 PAMILICO ST ORLANDO FL 32817 83 84 City 85 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 in or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registerative, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typic or prince ranks of registeral archits. Capificative (NOTE Registered Agent signature by architecture) 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS 11. THE PO DELETE 1. THE	ts rea stered office
ORLANDO FL 32817 84 City FL 85 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 in 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 register admitist with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signarize, typed or printed registered agent alon bit. Target alon. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL PD DELETE 1 TITLE PD DELETE 1 STREET ADDRESS CASSELBERRY FL DELETE 2 TITLE D DELETE 2 TITLE ADAMS, TERESA D STREET ADDRESS CASSELBERRY FL CASSELB	ts rea stered office
11. Pursuant to the provisions of Sections 607.0502 and E07.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prince rande of registered agent and bit. Target after the purpose of changing in or registered agent and bit. Target after the corporation's board of directors. Thereby accept the appointment as register and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prince rande of registered agent and bit. Target after the corporation's board of directors. Thereby accept the appointment as register and accept the corporation of	ts rea stered office
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above manied corporation submits this statement for the purpose of changing is 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 register familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typod or prince ranke of registered agent and bit. Caspit also: OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INDIE PD DELETE 1.4 LITE ORANG STREET ADDRESS CASSELBERRY FL DELETE 2.1 LITE ORANG ADAMS, TERESA D ADAMS, TERESA D 4264 CLOVERLEAF PLACE Chan STREET ADDRESS CASSELBERRY FL Chan STREET ADDRESS CASSELBERRY FL Chan Chan	ts rea stered office
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typod or printed range of registered agent also bit. Capital also	ts registered office reolagent illam
SIGNATURE Signature, typed or princes ranke of registered agent and bit. Target after OFFICERS AND DIRECTORS 13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PD DELETE NAME ADAMS, JON R 4264 CLOVERLEAF PLACE CITY-S1-ZIP TILLE DELETE 14 CITY-S1-ZIP NAME ADAMS, TERESA D ADAMS, TERESA D STREET ADDRESS ADAMS, TERESA D ADAMS, TERESA D 22 NAME STREET ADDRESS CASSELBERRY FL 14264 CLOVERLEAF PLACE CASSELBERRY FL DELETE 2 1 TITLE DELETE 2 2 NAME 22 STREET ADDRESS CASSELBERRY FL CASSELBERRY FL CASSELBERRY FL CASSELBERRY FL DELETE 2 1 STREET ADDRESS CASSELBERRY FL CASSELBERRY FL CASSELBERRY FL CASSELBERRY FL CASSELBERRY FL DELETE 2 1 STREET ADDRESS CASSELBERRY FL CASSE	reo agent Tani
SIGNATURE Suprame, typod or printed ranke of registrated agent and bit. Target also 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD DELETE NAME ADAMS, JON R 1.2 NAME STREET ADDRESS CASSELBERRY FL 1.4 CITY - ST - ZIP NAME ADAMS, TERESA D ADAMS TERESA D ADDITIONS TO THE TORIS TO THE TERESA D ADAMS TERES	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE DELETE 1.1 TITLE DAME ADAMS, JON R 1.2 NAME ADAMS, JON R 1.2 NAME CASSELBERRY FL 1.4 CITY-ST-ZIP CASSELBERRY FL 1.4 CITY-ST-ZIP DELETE 2.1 TITLE DAME Changes CASSELBERRY FL Changes CASSELBERRY FL Changes CASSELBERRY FL Changes CASSELBERRY FL C	
DELETE 1 TITLE Chank ADAMS, JON R 12 NAME STREET ADDRESS 4264 CLOVERLEAF PLACE 13 STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 14 CITY-ST-ZIP TITLE D	
NAME	
STREET ADDRESS 4264 CLOVERLEAF PLACE 13 STREET ADDRESS 14 CITY - ST - ZIP	is Managa
CASSELBERRY FL	
DELETE 2 1 1 1 1 1 1 1 1 1	
NAME ADAMS, TERESA D 22 NAME STREET ADDRESS 4264 CLOVERLEAF PLACE 23 STREET ADDRESS CASSEL REPORT EL	ge
STREET ADDRESS 4264 CLOVERLEAF PLACE 23 STREET ADDRESS	,
CASSEI REDDY EI	
CH1-31-20 CH1-3-20 CH	
TITLE STD □ DELFTE 3.7 fTTLE □ Crean	ge 🔲 Addition
NAME COMBEE, KEVIN C 32 NAME	
STREET ADDRESS 1320 FLATWOODS ROAD 3.3 STREET ADDRESS	
CITY-ST-ZIP MIMS FL 34 CITY-ST-ZIP	
Title CD DELETE 4 1 Title Chan	ge 🔲 Addition
NAME COOMBS, ROBERT J 42 NAME	
STREET ADDRESS 8206 PAMLICO STREET 43 STREET ADDRESS	
OTY-ST-ZIP ORLANDO FL 44 CHY ST-ZIP	
TITLE DELETE 5 1 TITLE	ge 🔲 Addition
NAME 52 NAME	
STREET ADDRESS 53 STHEET ADDRESS	
CHY-ST-ZIP	ge 🔲 Addition
	y. LI Muulioli
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS 64 STREET ADDRESS 64 STREET ADDRESS 64 STREET ADDRESS 65 STREET ADDRE	
City-St-ZiP 64 City St-ZiP 64 City S	
certify that the information indicated or this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect of	atutes I further
14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida St certify that the information indicated or this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect or oath, that I am an officer or director of the corporation or the reverse or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and appears in Block 12 or Block 13 if changed, or on an attach right with an address.	atutes I further as if made under

SIGNATURE: 1

NAME OF SIGNING OFFICER OR DIRECTOR

4/30/960 467-835-4206

T KRANDON ANK OLDED MODE DINN HADIN BOTH DEBIL DEDIK DIDIK DIDIK DEBIK DEBIL DEDIK