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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L58659

AVIATION	n training management,	INC.				
Principal Place	of Business	Mailing Address		1 (00(181) 84) 81(0) 181(0 9)(8) 81(10 15)	 	1001
916 47TH AVE. VERO BEACH FL 32966 916 47TH AVE. VERO BEACH FL 32966 VERO BEACH FL 32966			DO NOT WRITE IN 7	 THIS SPACE		
				3. Date Incorporated or Qualifed 03/15/1990		
Principal Pl 21	ace of Business	2a. Mailing Address		4. FEI Number 65-0170586	Applied Not App	
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition Fee Require	
City & State	B	City & State			\$5.00 May Added to Fee	
Zip 24	Country 25	Zip 3	Country	This corporation owes the current year Personal Property Tax.	ar Intangible	
	9. Name and Address of Current		-	10. Name and Address of New Register	red Agent	
·	Karal Call		81 Name		.	
	, RONALD H. 47TH AVE	, Pak	82 Street Add	ress (P.O. Box Number is Not Acceptable)		-
VERO BEACH FL 32966		83			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				A 124 4 1 1 100 New 1 150 4 1	1 1. 27 . 2 2	
			84 City		FL 85 Zip Code	
	to the provisions of Sections 607 0502 egistered agent, or both, in the State or m families with, and accept the obligati	and 607,1508, Florida Statutes f Florida: Such change was auth ons of, Section 607,0505, Florid	1	poration submits this statement for the purposion's board of directors. I hereby accept the a	FLII	tered ed
SIGNATURE	Sgriature, typed or printed name of registerey agent	and title if applicable. (NOTE: R	1	ed when reinstating) DA1	FL see of changing its register special pointment as register see see see see see see see see see s	·
SIGNATURE	Signature, typed or printed name of registerer agent OFFICERS AND	and title if applicable. (NOTE: R	s, the above-named corporation of the corporation o	ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	FL se of changing its register of the second	N 12
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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 changes or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90007 041 ***150.00