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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # L77239

(6)

BROTHE Principal Place	RS AVIATION SERVICES IN	Mailing Address			
HANGAR 103 P.O. BOX 620037 SANFORD AIRPORT OVIEDO FL 32762-0037 SANFORD FL 32772					
SANFORU FL 3	2112			3. Date Incorporated or Qualified	3a. Date of Last Report
\				06/01/1990	08/19/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		58-1894766	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27		<u> </u>	Fee Required
City & Stati	ė	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Z ₁ p	Country	Trust Fund Contribution	Added to Fees
24	25		30	This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes No
24	9. Name and Address of Curren		30]	10. Name and Address of New Re	
AME	RICAN AVIATION SALES CORPO	DRATION	81 Name		
				ess (P.O. Box Number is Not Acceptal	blo)
2495 BROOKSVILLE FL 34609			51 Street Addit	ess (F.O. Box Number is Not Acceptal	pie)
)	ONONELL I L'OTOGO		83		
			84 City		85 Zip Code
					FL i i i
11. Pursuant	to the provisions of Sections 607 050.	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the ion's board of directors. I hereby acce	purpose of changing its registered
office or r	egistered agent, or both, in the State or familiar with, and accept the obliga	of Florida. Such change was au ations of Section 607,0505, Flor	uthorized by the corporat rida Statutes. 🦴 🚺 🔨	ion's board of directors. I hereby acce	pt the appointment as registered
CICMATURE		こうしん ヤドじゃ	\$ K)/H		H15197
	Stg. and - liped or poster name of trigistered age		Registered Agent signs ure lequin		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	BARRETT, R. MICHAEL		1.2 NAME		
STREET ADDRESS	1511 NATURE COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WINTER SPRINGS FL 32708	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	VS Barrett, Denise Y	veen	2 2 NAME		
STREET ADORESS	1511 NATURE COURT		2 3 STREET ADDRESS		
	WINTER SPRINGS FL 32708		4		
CITY-ST-ZIP	V	☐ DELFTE	2. 4 CITY-ST-ZIP 3.1 TITLE		. Change Addition
NAME	BARRETT, PATRICK K.		3.2 NAME		
STREET ADDRESS	2301 ROCKVIEW LN		3.3 STREET ADDRESS		
CITY - ST - ZIP	BIRMINGHAM AL 35226		3.4. CITY - ST- ZIP		1
TITLE		DELETE	4.1 TITLE	10.5 10.5	Change Addition
NAME			4. 2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DEL€ TE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - S1 - 7.0			6.4 CITY - ST - 7IP		

14. 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.