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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # L77239

(6)

BROTHERS AVIATION SERVICES INCORPORATED

FILED Jan 20 1998 8:00am Secretary of State

					,			
Principal Plac	Mailing Address				· • • • • • • • • • • • • • • • • • • •	tis Aster Artis plats (1)	Bir biati idgi	
HANGAR 103 P.O. BOX 620037								
SANFORD AIRPORT OVIEDO FL 32762 SANFORD FL 32772						DO NOT WRITE IN THIS SPACE		
. SANFUNU PL 32772						3. Date Incorporated or Qualified		
						06/01/1990		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1/	Applied For
21 26						58-1894766		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional
27						5. Certificate di Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing		May Be
23	Country 7in					Trust Fund Contribution L		d to Fees
Zip			Cou	ниу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	[25] g. Name and Address of Cu	rrent Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Regist		L INO
AN				81 Name		10, realing title Address of from Hogist	tored Agoin	
AMERICAN AVIATION SALES CORPORATION								
2495 BROAD ST BROOKSVILLE FL 34609				82 Street	t Addre	ss (P.O. Box Number is Not Acceptable)		
				83				
				84 City			FL 85 Zip	n Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida Stat	utes, the at	ove-name	d corpo	ration submits this statement for the purp	ose of changing	its registered
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 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.								
	an animal with and accept the c	brigations of, occitor dor.osco,	i ionaa otat	J105.				
SIGNATURE	Signature, typod or printed harne of registers	d agent and little if applicable (N	OTE Registered	Agent signatu	re required	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS 1:					ADDITIONS/CHANGES TO OFFICER		
TITLE			1.1 T	LE	}		LJ Change	Addition
NAME	BARRETT, R. MICHAEL		1.2 NA	1.2 NAME				;
STREET ADDRESS	MAINTEN CONTRACT OF COURSE		1.3 ST	1.3 STREET ADDRESS				ļ
CITY-ST-ZIP				Y-ST-ZIP				
TITLE	-		2 1 TJ		V		Change	Addition C
NAME			2.2 N/		1			
STREET ADDRESS				REFT ADDRESS	1			1
CITY-ST-ZIP TITLE			2. 4 Cl	TY-ST-ZIP	-		Change	Addition
	<u> </u>		3.1 III 3.2 NA		1		Li change	L Addition
NAME STREET ADDRESS	AAA BAAA BAAA			me Reet address	-			
City-St-ZIP	BUDGULAN AL ARCA			TY-ST-ZIP	-			
TITLE	MA HAH AM KAN LAP AAPEA	☐ DELETE	3.4. G 4.1 Til	· · · · · · · · · · · · · · · · · · ·	 		☐ Change	Addition
NAME			4. 2 N		1			-
STREET ADDRESS				REET ADDRESS	1			
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 1(1		1		☐ Change	Addition
NAME			5.2 NA	ME	1		_	
STREET ADDRESS				REET ADDRESS	1			
CITY-ST-ZIP				Y-ST-21P	1			ļ
TITLE		DELETE	6.1 TiT		1		Change	☐ Addition
NAME			6.2 NA	ME				1
STREET ADDRESS			6.3 ST	REET ADDRESS				
CITY-ST-7IP			6.4.00	V_ST_7/P	1			

14. Thereby 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 roport 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.