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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L79090** **(1)**

1. Corporation Name
AVIATION RESOURCES INC.

Principal Place of Business	Mailing Address
% PAUL H. SWEAT, JR. 58 LAZY EIGHT DR., SPRUCE CREEK FLY-IN DAYTONA BEACH FL 32124	% PAUL H. SWEAT, JR. 58 LAZY EIGHT DR., SPRUCE CREEK FLY-IN DAYTONA BEACH FL 32124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1990**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-3022728** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWEAT, PAUL H., JR. 58 LAZY EIGHT DR. SPRUCE CREEK FLY-IN DAYTONA BEACH FL 32124	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 607.0502 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SWEAT, PAUL H., JR.		1.2 NAME	
STREET ADDRESS	58 LAZY EIGHT DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, ANGELA D.		2.2 NAME	000002568610--6
STREET ADDRESS	58 LAZY EIGHT DR.		2.3 STREET ADDRESS	-06/23/98--01004--005
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	TB 6/19 2 pages
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

Jun 10, 1998

Dear Secretary of State

This is my humble attempt of explanation for the tardiness of this filing. Without alot of boring details, I was under critical medical conditions that resulted in hospitalization and drastic measures in extreme efforts for survival. I am very happy to say this long road to recovery has made many twists & turns including the shifting of priorities, which meant my business suffered neglect, but I am hoping you are able to extend a compassionate nature by waiving the late fee due to my extreme extenuating circumstances.

Thank you so much for your consideration.

Angela D. Moore

P.S. As per instructions from Bonnie in your office, I have enclosed the normal filing fee of $150.00