

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M68443**

(4)

1. Corporation Name

AVIATION BUSINESS CENTER, INC.



Principal Place of Business

**2400 E. COMMERCIAL BLVD. SUITE 512
FT. LAUDERDALE FL 33308**

Mailing Address

**2400 E. COMMERCIAL BLVD. SUITE 512
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/16/1988

3a. Date of Last Report

06/30/1995

4. FEL Number

65-0031602

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

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

Signature of the person filing this report (not to be filled in by filer)

Signature of Registered Agent (not to be filled in by filer)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSD

☐ DELETE

NAME

FRALICCIARDI, ANTONIO J

STREET ADDRESS

2400 E COMMERCIAL BV 512

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio J. Frallicciardi

SIGNATURE:

01/23/96 (954) 772-2444

DATE

DAY/PHONE #

CR2E034 (12/95)