

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90003 013 ***150.00

0243001

DOCUMENT # **M81309**

1. Corporation Name
ADVANCE AVIATION SERVICES, INC.

Principal Place of Business
**700 S. ROYAL POINCIANA BLVD
STE. 800
MIAMI SPRINGS FL 33166**

Mailing Address
**700 S. ROYAL POINCIANA BLVD
STE. 800
MIAMI SPRINGS FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1988

4. FEI Number

65-0086738

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **BRADLEY, PHILLIP R.**
STREET ADDRESS **700 S. ROYAL POINCIANA**
CITY-ST-ZIP **MIAMI SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **WHITE, RICHARD**
STREET ADDRESS **700 S. ROYAL POINCIANA, STE. 800**
CITY-ST-ZIP **MIAMI SPRINGS FL**

2.1 TITLE **Treasurer** ☐ Change ☐ Addition
2.2 NAME **Isabel Diaz**
2.3 STREET ADDRESS **700 S. Royal Poinciana Blvd #800**
2.4 CITY-ST-ZIP **miami springs, fl 33146**

TITLE **S** ☐ DELETE
NAME **FINALE, MARILYN**
STREET ADDRESS **700 S. ROYAL POINCIANA BLD. STE. 800**
CITY-ST-ZIP **MIAMI SPRINGS FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Isabel Diaz 305-884-2001, x142 1/13/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)