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**Apr 01 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # M81698 (6)
1. Corporation Name
~~AVIOR FLIGHT SYSTEMS, INC.~~
GREYSTOKE ENGINEERING, INC. *W/C 3/14/97*



Principal Place of Business Mailing Address
% MICHAEL G. NEARING
12011 S.W. 144TH ST.
MIAMI FL 33186

3. Date Incorporated or Qualified: **05/19/1988**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business 2a. Mailing Address
21 **13120 SW 63 AVE** 26 **13120 SW 63 AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **Miami, FL** 28 **Miami, FL**
Zip Zip Country Country
24 **33156** 25 **Dade** 29 **33156** 30 **Dade**

4. FEI Number: **65-0159928** 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

9. Name and Address of Current Registered Agent
NEARING, MICHAEL G.
12015 S.W. 144TH ST.
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: **Dana M. Kaubman**
82 Street Address (P.O. Box Number is Not Acceptable): **11900 Biscayne Blvd**
83
84 City: **Miami** 85 State: **FL** 86 Zip Code: **33181**

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]* DATE: **3/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALLACE, JAMES W., F.	
STREET ADDRESS	13120 S.W. 63 AVE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	NEARING, MICHAEL G.	
STREET ADDRESS	7740 S.W. 141 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, STEPHEN	
STREET ADDRESS	WESTLANDS CLOSE, OFF WESTLANDS ROAD	
CITY-ST-ZIP	NAIROHI, KENYA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wallace, Irene T.N.	
1.3 STREET ADDRESS	13120 SW 63 AVE	
1.4 CITY-ST-ZIP	Miami FL 33156	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****165.00**

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.

SIGNATURE: *[Signature]* DATE: **3/25/97** TELEPHONE: **(305) 661-9082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)