

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 # **M84287** (5)
1. Corporation Name
AIRCRAFT INSPECTION CONSULTANTS, INC.



Principal Place of Business Mailing Address
555 N.E. 15TH STREET 555 N.E. 15TH STREET
16-A 16-A
MIAMI FL 33132 MIAMI FL 33132

3. Date Incorporated or Qualified **06/07/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4909 SPYGLASS DRIVE** 26 **P.O. BOX 9413**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0059922** Applied For Not Applicable

22 City & State 27 City & State
23 **PANAMA CITY BEACH, FL** 28 **PANAMA CITY BEACH, FL**
Zip Country Zip Country
24 **32408** 25 **USA** 29 **32417** 30 **USA**

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
WYNN, SUSAN, ATTY
1762 SE CANORA RD.
PORT ST. LUCIE FL 34952

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PS	<input type="checkbox"/>
NAME	KELLEY, JOHN THOMAS	
STREET ADDRESS	555 N.E. 15TH ST., 16-A	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/>
NAME	KELLEY, KAREN BARRETT	
STREET ADDRESS	555 N.E. 15TH ST., 16-A	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	4909 SPYGLASS DRIVE		
1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	4909 SPYGLASS DRIVE		
2.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *Karen B. Kelley* **Karen B. Kelley** **Apr 15, 1996** **(904) 230-9957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in Phone #

CR2E034 (12/95)