	PROFIT RPORATION	69. 6 Xà	TER MAY 1	ARTMENT OF STATE			
	UAL REPORT			B Mortham			
1996		Secretary of State DIVISION OF CORPORATIONS					
DOCU	MENT #	M87028	(0)				
,	TIQUE SALES INC	C.			4 18 6 18 18 18 18 18 18 18 18 18 18 18 18 18		
Principal Place DBA CAPITA 850 E ST LAKE PARK	al aviation supp		Mailing Address CAPITAL AVIATION SU PO BOX 12651 LAKE PARK FL 33403	IP P		, 1614 E1841 G1917 G1	
US			US		3. Date Incorporated or Qualified 06/20/1988		Last Report 6/1995
L. Principal PI	lace of Business	2	a. Malling Address		4. FEI Number 65-0069904		Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	е	28	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζ _i p	Count 25	try 29	Zip]	Country 30	8. This corporation has liability for Florida Statutes		nder s. 199.032,
		ress of Current Reg			10. Name and Address of New I		ent
ONE N	BOUELLE			81 Name			
	(I)CHELLE VW 1 STREET			82 Street Ad	loress (P.O. Box Number is Not Acceptal	ole)	
DELADO/	OKE PINES FL 3302	10					
I. CMDU/	DIVE I WILD I E COOP	:0		83			·
I. CMDU/	ONE THIES TE GOOD	:0		83 84 City		a [8	35 Zip Code
I1. Pursuant t	to the provisions of Sec	tions 607.0502 and 6	507.1508, Florida Statute	84 City	poration submits this statement for the number	roose of observi	ng its registered office
I1. Pursuant t	to the provisions of Sec	tions 607.0502 and 6	507.1508, Florida Statute ch change was authorize 7.0505, Florida Statutes	84 City	poration submits this statement for the pu pard of directors. Thereby accept the app	roose of observi	ng its registered effect
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Too hereby certify that the information supplied with this fling 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 attainment with an artifers.

GNATURE:

Michael M. M. C. M. SIGNATURE:

954-433-2013 Degrave Priorie