NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300001508

Corporation Name

CHER AVIATION INC.

Principal Place of Business 10373 SW 1ST COURT CORAL SPRINGS FL 33071

2. Principal Place of Business

Mailing Address

10373 SW 1ST COURT CORAL SPRINGS FL 33071

2a. Mailing Address

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FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90013 009 ****61.25

3. Date Incorporated or Qualifed

04/02/1993

| City & State Street Address of Current Registered Agent NEWCOMB, CHARLES W 10373 SW 15T COURT CORAL SPRINGS FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptabl | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 4. FEI Number | Apr | olied For | | | | | |
|--|---|------------------------|--|--------------|---|-------------------------------------|---------------------|------------------|------------|--|--|--|--|
| Secretarion of Statute Desired Fee Required F | 22 | | 27 | | | 65-0410123 | Not | Not Applicable | | | | | |
| The Haquireo of Part Registered Agent | | | | *** | | | | \$8.75 A | dditional | | | | |
| Zip Country Zip Country Zip Country S. Election Campaign Financing S. 5, 00 May Be S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name Name and Address of New Registered Agent 12. Name Name and Address of New Registered Agent 13. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address of New Registered Agent 14. Name Name and Address 14. Name and Address 14. Name Name and Address 14. Name and A | · | | | | 5. Certificate of Status Desired | | | Fee Red | quired | | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEWCOMB, CHARLES W 10373 SW 1ST CT CORAL SPRINGS FL 33071 82 Street Address (P.O. Box Number is Not Acceptable) 183 Street Address (P.O. Box Number is Not Acceptable) 184 City FL B5 Zip Code 185 City FL B5 Zip Code 186 City FL B5 Zip Code 187 Name 188 Name 189 Name 180 Name and Address of New Registered Agent 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Name and Address (P.O. Box Number is Not Acceptable) 180 Number is Not Acceptable is Not Acceptable | | Country | · | Country | | 6. Election Campaign Final | ncing _ | \$5.00 | Mav Be | | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chanding 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 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 final with, and ecosynthe or displacement of portion of registered agent. I am final with, and ecosynthe or floridation of portion of | 24 | 25 | 29 36 | 0 | 1 | | | | | | | | |
| NEWCOMB, CHARLES W 10373 SW 15T COURT CORAL SPRINGS FL 33071 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept 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 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 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 purpose of changing its registered operations. I have corporation's board of directors. I hereby accept the purpose of changing its registered operation. I have corporation's board of directors. I hereby accept the purpose of changing its registered operation. I have corporation's board of directors. I hereby accept the purpose of changing its registered operation. I have corporation's board of directors. I hereby accept the purpose of changing its registered operation. I have corporation's board of directors. I hereby accept the purpose of changing its registered operation. I have corporation's board of directors. I hereby accept the purpose of changing its registered operation. I have corporation's board of directors. I hereby accept the purpose of changing its registered operation. I have corporation's board of directors. I hereby accept the purpose of changing its registered agent. In the purpose of purpose agent. I have corporation's board of directors. I hereby accept the purpose of changing its registered agent. In the purpose of purpose agen | | | | | | | | | | | | | |
| 10373 SW 1ST COURT CORAL SPRINGS FL 33071 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Priorida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. I TITLE 15. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INVENTORIES TO CORAL SPRINGS FL 14. COTY-ST-ZP TITLE 15. TITLE | | | | 81 | Name | | | | | | | | |
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| CORAL SPRINGS FL 33071 Sal City FL Ba5 Zip Code | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| Section Services Sections S | | = | | 83 | | | | | | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the Aughtable. POTE. Registered Agent agenture required when relicating.) DATE | CURAL SI | HINGS FL 330/1 | | | | | | | | | | | |
| 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRE | | | | 84 | City | | EI | 85 Zip C | ode | | | | |
| 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 617.0503, Florida Statute. Signature. Signature. Signature. Speed or privated reams of registered agent and the fragilicable. PD | 44 | | 100 50 100 | | | 4. 4. 4 | | - L | ne intered | | | | |
| Signature, typed or printed name of regithered agent and the # applicable. NOTE Regitation degrees degrees degrees regitation required when reliablishing) DATE | 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 | | | | | | | | | | | | |
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and an attachment with an address, with all other like empowered.

SIGNATURE: