

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002715 (0)

1. Corporation Name

OSCEOLA AVIATION, INC.



Principal Place of Business

Mailing Address

3481 WOODLEY PARK PLACE
OVIEDO FL 32765
US

3481 WOODLEY PARK PLACE
OVIEDO FL 32765
US

3. Date Incorporated or Qualified

06/01/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMPUTI, MICHAEL
3481 WOODLEY PARK PL
OVIEDO FL 32765

*Please fix
all circled
typos.*

81 Name

RAMPUTI, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

3481 WOODLEY PARK PL.

83

84 City

OVIEDO

FL

85 Zip Code

32765

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

Michael Ramputi

2-5-96

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

D

☐ DELETE

NAME

RAMPUTI, MICHAEL

STREET ADDRESS

3481 WOODLEY PARK PL

CITY - ST - ZIP

OVIEDO FL

TITLE

D

☐ DELETE

NAME

RAYNOR, BRUCE

STREET ADDRESS

200 13TH ST

CITY - ST - ZIP

ST CLOUD FL

TITLE

D

☐ DELETE

NAME

KELLER, J HJ

STREET ADDRESS

PO BOX 32035

CITY - ST - ZIP

COCOA BEACH FL

N/A

TITLE

D

☐ DELETE

NAME

COUTURE, RENE

STREET ADDRESS

1720 KINGS HWY

CITY - ST - ZIP

KISSIMEE FL

TITLE

D

☐ DELETE

NAME

HUSBAND, ROBERT

STREET ADDRESS

1740 KINGS HWY

CITY - ST - ZIP

KISSIMEE FL

TITLE

D

☐ DELETE

NAME

HARDWOOD, CHET

STREET ADDRESS

2378 EAGLE TRACE DR

CITY - ST - ZIP

KISSIMEE FL

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Michael Ramputi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/96

Daytime Phone #

407-578-8007 x1260

CR2E037 (12/95)