NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000000735

1. Corporation Name

Principal Place of Business

FLORIDA AVIATION AND AEROSPACE ALLIANCE, INC.

Mailing Address

Second City & State City & State City & State Second S	C/0	E. THOM RUMBERGER,	JR.				GER, JR.					
ORLANDO, FL 32801 ORLANDO, FL 32801 ORLANDO, FL 32801 22	111 5144,02 1-12					₹.						
2. Principal Place of Business 2. Maining Address 2. Maining Addre	20011											
Suita, Apt. #, etc.						1_						
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. 27 27 52 - 208 3314 30 55 - 208 3314 30	2. Principal Pl	ace of Business	2a.	Mailing Address				3. Date Incorporated or Qualifed				
27 City & State	21		26					,		_,		
City & Slate 23 City & Slate 24 25 29 Country 2	Suite, Apt.	#, etc.		Suite, Apt. #, etc.						App	ied For	
20	22		27					52-2083314		Not	Applicable	
Zip		·						5. Certifcate of Status Desired	•		1	
28						try	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5	.00 N	tav Be	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 617,0502 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 617,0502 include Statutes. SIGNATURE Signature, hyped or printed name of registered agent a 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, hyped or printed name of registered agent a 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, hyped or printed name of registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 1 D		— — — — — — — — — — — — — — — — — — —								- 1		
STREET ADDRESS STRE												
1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 openit, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Note that the provisions of Sections 617.0502 and 617.0502 Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes are appointed in the provisions of Sections 617.0502 and					8	B1	Name			_		
TALLAHASSEE, FL 32301-2525 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, 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY. ST. ZEP 14. CITY. ST. ZEP 15. TITLE 16. DELETE 16. TITLE 17. CEN. BRUCE FISTER 16. Change 17. Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. TITLE 19. CHANGES TO CHANGE AGENT ADDITIONS TO CHANGE TO CHANGE AGENT ADDITIONS TO		CORPORATION SERVI	CE C	OMPANY	8	B2	Street Addres	ss (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301-2525 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, 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY. ST. ZEP 14. CITY. ST. ZEP 15. TITLE 16. DELETE 16. TITLE 17. CEN. BRUCE FISTER 16. Change 17. Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. TITLE 19. CHANGES TO CHANGE AGENT ADDITIONS TO CHANGE TO CHANGE AGENT ADDITIONS TO		1201 HAYS STREET			-	_						
### FL 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 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. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. #### Signature, typed or primed name of registered agent and title if applicable. ### In the Image of the purpose of changing its registered of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. ##### Signature, typed or primed name of registered agent and title if applicable. #### In the Image of the purpose of changing its registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. In the purpose of the purpose of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of the purpose of directors. In the purpose of office of the purpose of directors. I hereby accept the appoin			2301	-2525	8	В3						
office or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's location of registered agent, or both, in the State of Honda. Such change seatures of yellowing from the obligations of, Section 617.0503, Flonda Statutes. SIGNATURE 12.							•	Fl	_		1	
SIGNATURE	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I never accept the appointment as registered											
12.	SIGNATURE						signature required v	when reinstating) DATE				
DELETE					<u> </u>		. Signatur		ND DIRE	CTOR	S IN 12	
NAME STREET ADDRESS	T	011021070	D DITTE			E	D				☐ Addition	
13 STREET ADDRESS 14 CITY-ST-ZIP NICEVILLE, FL 32578				<u>_</u>			LT.	. GEN. BRUCE FISTER				
14 CITY-ST-ZP	i						1,00					
DELETE							377				ĺ	
NAME				□ nelete				 	□ Ch:	ange	Addition	
STREET ADDRESS 2.3 STREET ADDRESS 5.0 3 SWEETWATER COVE BLVD				L) DECE IG	1						_	
2 4 CITY-ST-ZIP SOUTH LONGWOOD, FL 32779 Addition												
TITLE	STREET ADDRESS											
NAME	CITY-ST-ZIP			Does care	_		T I	OTH LONGWOOD, FL 32779		2000	Addition	
STREET ADDRESS SAND LAKE ROAD MP-285 SAND LAKE R	TITLE			C) DECEIE			1 -		□ 0,,	ungo		
STREET ADDRESS DELETE Addition DELETE D/T D/T DELETE D/T D/	NAME										ľ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O DELETE STREET ADDRESS CITY-ST-ZIP TITLE O DELETE SACITY-ST-ZIP TITLE O DELETE SACITY-ST-ZIP O DELETE SACIT	STREET ADDRESS				3.3 STR	EET.						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O DELETE STREET ADDRESS CITY-ST-ZIP TITLE O DELETE SACITY-ST-ZIP TITLE O DELETE SACITY-ST-ZIP O DELETE SACIT	CITY-ST-ZIP				_		-ZIP QR	LANDO, FL 32819-8907				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DOELETE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32815 CAPE CANAVERAL, FL	TITLE			L_I DELETE					П¢п	ange		
CITY-ST-ZIP	NAME				4. 2 NAN	ME	I		ar Ar	יתו יוויינייי	n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D/T DON HALBERDA 3651 S. EAST COMMERCE AVE. STEWART, FL 34997 DELETE 61 TITLE D/S Change Addition Addition	STREET ADDRESS				4.3 STR	EET			JE CE	IN I E.	K	
NAME STREET ADDRESS CITY-ST-ZIP TITLE ** DON HALBERDA 3651 S. EAST COMMERCE AVE. 53 STREET ADDRESS 54 CITY-ST-ZIP STEWART, FL 34997 Change Addition	CITY-ST-ZIP				4.4 CITY	Y-SŢ	-ZIP CA	PE CANAVERAL, FL 32815	 			
STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D/S Change Addition	TITLE			□ ne∟ete	E 4 7/77 I	.E	D/3	TP	☐ Ch	ange	☐ Addition }	
STEWART, FL 34997 CITY-ST-ZIP DELETE 6.1 TITLE D/S Change Addition				C) Deceie			1 50					
TITLE • D/S Change Addition	NAME					Æ	וֹסַעַן ן					
TITLE • D/S Change Addition				LJ DELETE	5.2 NAM			N HALBERDA 51 S. EAST COMMERCE AVE.				
	STREET ADORESS			LJ DEEC 12	5.2 NAM 5.3 STRI 5.4 CITY	EET.		N HALBERDA 51 S. EAST COMMERCE AVE.				
NAME JOHN CULLEN	STREET ADORESS CITY-ST-ZIP				5.2 NAM 5.3 STRI 5.4 CITY	EET.	ZIP ST	N HALBERDA 51 S. EAST COMMERCE AVE. EWART, FL 34997	□ Ch	ange	☐ Addition	
STREET ADDRESS HC-1 SPACE 100 CESSNA DR., COSTIN	STREET ADORESS CITY-ST-ZIP TITLE •				5.2 NAM 5.3 STRI 5.4 CITY	EET. Y-ST	-ZIP STI	N HALBERDA 51 S. EAST COMMERCE AVE. EWART, FL 34997 S	□ Ch	ange	☐ Addition	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIR

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90004 016 ****61.25

(850) 729-7342