

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000098062

1. Entity Name  
AVIATION FACILITIES, INC.



Principal Place of Business  
C/O HEICO CORPORATION  
3000 TAFT STREET  
HOLLYWOOD, FL 33021

Mailing Address  
C/O HEICO CORPORATION  
3000 TAFT STREET  
HOLLYWOOD, FL 33021



03302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0377215

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MENDELSON, VICTOR H ESQ.  
3000 TAFT STREET  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
IRWIN, THOMAS S  
3000 TAFT STREET  
HOLLYWOOD, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LEWIS, JACK  
3000 TAFT STREET  
HOLLYWOOD, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LETENDRE, ELIZABETH R  
3000 TAFT STREET  
HOLLYWOOD, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
VETTER, JUDITH W  
3000 TAFT STREET  
HOLLYWOOD, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000736148  
05/10/07-80063-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas S. Irwin

4-12-07

954-744-7560

as Assistant Treasurer

Daytime Phone #