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95 APR 18 PM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P01253 (4)
1. Corporation Name
UNITED AVIATION INDUSTRIES, INC.

Principal Place of Business: **3 MARKET PLACE COURT
PALM COAST FL 32137
US**

Mailing Address: **11 VIA CAPRI
PALM COAST FL 32137-2208
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **21 3 Market Place Court**

2a. Mailing Address: **26 11 Via Capri**

22. Suite, Apt. #, etc. (blank)

27. Suite, Apt. #, etc. (blank)

23. City & State: **Palm Coast, Fl. 32137**

28. City & State: **Palm Coast, Fl. 32137**

24. Zip: **32137** 25. Country: **USA**

29. Zip: **32137-2208** 30. Country: **USA**

3. Date incorporated or Qualified: **03/19/1984**

3a. Date of Last Report: **04/12/1994**

4. FEI Number: **53-0240924**

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name (blank)

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

83 (blank)

84 City: **FL** 85 Zip Code (blank)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **PD**
NAME: **POISSON, ROBERT**
STREET ADDRESS: **11, VIA CAPRI**
CITY-ST-ZIP: **PALM COAST FL**

TITLE: **STD**
NAME: **POISSON, GILBERTE Y.**
STREET ADDRESS: **11, VIA CAPRI**
CITY-ST-ZIP: **PALM COAST FL**

TITLE: **VD**
NAME: **POISSON, PIERRE C.**
STREET ADDRESS: **236 SOUTHWIND STREET 4820 Chevy Chase D**
CITY-ST-ZIP: **GARFIELD PAX CHEVY CHASE, Md. 20815**

TITLE: (blank)
NAME: (blank)
STREET ADDRESS: (blank)
CITY-ST-ZIP: (blank)

TITLE: (blank)
NAME: (blank)
STREET ADDRESS: (blank)
CITY-ST-ZIP: (blank)

TITLE: (blank)
NAME: (blank)
STREET ADDRESS: (blank)
CITY-ST-ZIP: (blank)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME (blank)

1.3 STREET ADDRESS (blank)

1.4 CITY-ST-ZIP (blank)

2.1 TITLE: Change Addition

2.2 NAME (blank)

2.3 STREET ADDRESS (blank)

2.4 CITY-ST-ZIP (blank)

3.1 TITLE: Change Addition

3.2 NAME: **VD**

3.3 STREET ADDRESS: **POISSON Pierre C**

3.4 CITY-ST-ZIP: **4820 Chevy Chase Drive, CHEVY CHASE, Md. 20815**

4.1 TITLE: Change Addition

4.2 NAME (blank)

4.3 STREET ADDRESS (blank)

4.4 CITY-ST-ZIP (blank)

5.1 TITLE: Change Addition

5.2 NAME (blank)

5.3 STREET ADDRESS (blank)

5.4 CITY-ST-ZIP (blank)

6.1 TITLE: Change Addition

6.2 NAME (blank)

6.3 STREET ADDRESS (blank)

6.4 CITY-ST-ZIP (blank)

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 110.07(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 attachment with an address.

SIGNATURE: Robert P. Poisson **Robert P. Poisson** 4/13/95 (904) 446-8690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (System/Phone #)