FILE	NOW: FI	LING FEE A	FTER MAY 1	IS S	25.0	00						
	PROFIT PORATION		FLORIDA DEF		OF ST	IATE						
	JAL REPORT		(美)	a B. Mo etary of	em Le							
<u> </u>	1996	- Canada	DIVISION O		ATIO	NS						
DOCUMENT # P23233 (0)												
NATION	VAL AIRCRAFT	SALES, INC.										
Principal Place	of Business		Mailing Address					1 10041001 FAG 11800 11110 AFDAO 114	I BANDO BARAN BANDA BA			
10683 AVE OF PGA PALM BCH GRDNS FL 33418			10683 AVE OF PGA PALM BCH GRDNS FL 33418									
								 Date Incorporated or Qualified 03/02/1989 	3a. Date of 08/0	Last R 4/198	,	
2. Principal Pla	ace of Business		2a. Mailing Address 26					4. FEI Number 84-1107872			Applied For Not Applicable	7
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.					5. Ciertificate of Status Desired		8.75	Additional	
City & State			City & State	.==.	Ī			6. Election Campaign Financing		\$5.0	Required 0 May Be	\dashv
Zip		untry	Zip	c	untry			Trust Fund Contribution 8. This corporation has liability for			d to Fees 199.032,	-
24	9. Name and A	ddress of Current R	29 egistered Agent	30	ļ				s 🗆 No			_
		<u> </u>			81	Name		TO. TIGHTO WITH PROGRESS OF FIGHT	I TO BISTOLEU AND			7
R. G. CR					82	Street A	Address	(P.O. Box Number is Not Accepta	ble)		·	\dashv
	VENUE OF PGA EACH GARDENS	FL 33418			83							\dashv
					84	City				35 Zij	p Code	-
11. Pursuant to	the provisions of S	Sections 607.0502 and	d 607.1508, Florida Statut	tes, the al	bove na	med co	rooratio	on submits this statement for the pu	FL.			
or registere	a agent, or both, in	i the State of Florida. 3	Such change was authori: 607.0505, Florida Statute	zeri by the	e corpor	ation's	board o	of directors. I hereby accept the app	pointment as rec	istered	agent. I am	
SIGNATURE _	Signature, typed or printed i	name of registered agent and t	itte if applicable. (Ne	OTE Register	red Agent s	ignature re	quired wh	en reinstatrig)	DATE	·		
12.	DO.	OFFICERS AND DI		13	s	<u> </u>		ADDITIONS/CHANGES TO OF	FICERS AND DI			782
NAME	PD CRUMP, R.G.		T DECEIE		1 TITLE NAME				[_] (hange	☐ Add:tion	1
STREET ADDRESS	10683 AVENU			13	STREET AC	DDRESS						2E034 (12/95)
CITY-ST-ZIP TITLE	VTB	GARDENS FL	DELETE		CITY-ST	ZIP		100	NOT 1	hacan	□ Addit on	- 18
NAME	BLACK, JERRY	f	Jan Detter		NAME		D'	TB ELETE	M.	hange	☐ Addition	
STREET ADDRESS	2009 FLIGHT \	WAY DR		23	STREET AD	DDRE\$\$	٠ ر					
CITY-ST-ZIP TITLE	atlanta ga		[] DELETE		CITY-ST	ZIP				nange	Addition	_
NAME			_	3 2	NAME							
STREET ADDRESS CITY-ST-ZIP					STREET AS							
TITLE	·		☐ DELETE		CITY-ST-7	<u> </u>				nange	Add:tion	\dashv
NAME				I	NAME							1 .
STREET ADDRESS CITY+ST-ZIP					STREET AD							
TITLE			DELETE		CITY-SI-7	ZIP				nange	Addition	1
NAME				52	NAME							
STREFT ADDRESS					STREET AD	İ						
CHTY-ST-ZIP TITUE			☐ DELETE		CITY-ST-Z	ZIP				hange	Addition	-
NAME					NAME					σ.		
STREET ADDRESS					STREE! AD							
CITY-ST-ZiP 14. I do hereby	certify that the info	mation supplied with	this filing is voluntarily furn	nished and	dity-st-z didoesin	ot oual	ify for th	ne exemption stated in Section 119	.07(3)(k). Florida	Statuti	es, I further	4
certify that I	tne information indic am an officer or dire	ated on this annual re octor of the corporatio	eport or supplemental ann in or the receiver or truste	iual report e empow	l is true :	and acc	rurate a	nd that my signature shall have the port as required by Chapter 607, F	tame lenal offe	ot ac if	made under	
	62	a ii changed, or on ar	attachment with an add		۵	<u>.</u>			44			
SIGNAT	URE: SIGNA	TURE AND TYPED OR PRIN	TK.G. CRU	ER OF DIRE	CYOR	E+1)	EN 7	4/15/96	407-62 Daytim	2 - Phone #	6446	