

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P34474 (7)**  
1. Corporation Name  
**H & H AIRCRAFT SERVICES, INC.**



Principal Place of Business: **9001 BRADDOCK RD, 225, SPRINGFIELD VA 22151, US**  
Mailing Address: **9001 BRADDOCK ROAD, 225, SPRINGFIELD VA 22151, US**

2. Principal Place of Business: **21 201 King Street, Suite, Apt. #, etc.**  
**22 Alexandria, VA, 23 22314, 25 USA**  
2a. Mailing Address: **26 201 King Street, Suite, Apt. #, etc.**  
**27 Alexandria, VA, 28 22314, 30 USA**

3. Date Incorporated or Qualified: **05/08/1991**  
3a. Date of Last Report: **04/26/1995**  
4. FFI Number: **52-1612047**  
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:  
**BERMAN, PHILIP M., MR., 2424 NORTHEAST 22ND ST., POMPANO BCH. FL 33062-3099**

10. Name and Address of New Registered Agent:  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City**  
**FL 85 Zip Code**

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: \_\_\_\_\_ (NAME, Title or printed name of registered agent and the filer acceptable) (NOTE: Registered Agent signed as filer, when applicable) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP HILL, JOHN H. 9016 BRAEBURN DR. ANNANDALE VA	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		13. STREET ADDRESS	212 Gibbons Street
CITY-ST-ZIP		14. CITY-ST-ZIP	Alexandria, VA 22314
TITLE	VCD HIGGINS, KENNETH A. 3705 221ST ST. BAYSIDE NY	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	VST HIGGINS, KENNETH A. 3705 221ST ST. BAYSIDE NY	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 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: *John H. Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**4-2-96 7035488837**  
DATE DATE/TIME

CR2E034 (12/95)