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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sendra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

P93000001164 (1)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT #
1. Corporation Name

SIGNATURE:

AIRCRAFT SALES, INC.

Principal Place of 27290 HIDDEN BONITA SPRIN	RIVER COURT	-	Mailing Address 27290 HIDDEN RIVER COURT BONITA SPRINGS FL 33923						
						3. Date Incorporated or Qualified 01/07/1993	3a. Date 04	of Last Re /20/199	port 5
2. Principal Plac	ce of Business	2a. Mailing Address 26	<u>+</u>		The application will be a second	4. FEI Number 65-0380293	I		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip 24	Country 25	Zip 29	30	ntry			□No		199.032,
	9. Name and Address of Curren	Registered Agent		27.7		10. Name and Address of New R	egistered	Agent	
	10050111			81	Name				
3003 TAN	, Joseph L Aiami trail North			82	Street Add	ress (F.O. Box Number is Not Acceptable)			
SUITE 27				83					
TOTAL ECO	1 2 000 10			84	City		FL	85 Zip	o Code
CIONATURE	n, and accept the obligations of, Socti sgnature, typed or printed name of registered agent OFFICERS AND	and the diapolicable (NC		Ады	it signature recpire	ed when reinslating. ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
TITLE	D	DELETE	1. 1 1	ITLE				Change	Addition
NAME	WILLS, PAUL W SR.		1.2 N/	AME					
STREET ADDRESS	27290 HIDDEN RIVER COURT BONITA SPRINGS FL 33923		1.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	DUNITA OFFICIOS FE 33923	ריין מרוניונ			ST - ZIP			Change	☐ Addition
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NAME			3.2 N	AME					
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STREET ADDRESS					FADDRESS \$1 - ZIP				
City-St-ZiP 14. I do hereb	y certify that the information supplied	with this filing is voluntarily fun	nished and	doe	as not qualify	for the exemption stated in Section 119	.07(3)(k), Fi	orida Statu	tes. I further
certify that	the information indicated on this appli	ial report or supplemental and mation or the receiver or truste	nual report eo empowe	is tri	ue and accur	rate and that my signature shall have the nis report as required by Chapter 607, F	: same: lega	enecias i	i made under

4-29-96