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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000019556 (8)

FILED Jan 30 1998 8:00am Secretary of State

	AM AVIATION, INC.	Mallan Addus				, , , , , , , , , , , , , , , , , , ,			
Principal Place of Business Mailing Address									
116 ALBA STREET E VENICE FL 34285 US		118 ALBA STREET EAST VENICE FL 34285 US			DO NOT W	RITE IN TH	IIS SPACE		
		••				3. Date Incorporated or Quali	fied		
						03/08/1993			
-	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3170462			Not Applicable
Sulte, Apt. (#, 81C.	Suite, Apt. #, etc				5. Certificate of Status Desired	d \square		5 Additional
City & State		City & State							Required
23	•	28				Election Campaign Financia Trust Fund Contribution	ng m		00 May Be ed to Fees
Zip	Country	Zip	T Co	ountry		8. This corporation owes or ha	no poid the		
24	25	29	30			Personal Property Tax due		Yes	Intangible ☐ No
	9. Name and Address of Curren			L		10. Name and Address of Ne			<u>. – </u>
BOI	one, stephen K	· · · · · · · · · · · · · · · · · · ·		81	Name			-	
1001 AVENIDA DEL CIRCO		, a		82	Street Add	Iress (P.O. Box Number is Not Acc	entable)		
	IICE FL 34285			-	Olloot Add	1000 (F.O. BOX Hambel In 140) From	plable		
				83					
				84	City			85 Z	ip Code
					·			·L	
office or re	egistered agent, or both, in the State	of Florida, Such change v	naioles, me a	HOUVE-	named con	poration submits this statement for	ine purposi	annointment	g its registered
	n familiar with, and accept the obliga	ations of, Section 607.050	was authorize 5, Florida Sta	ed by i alutes.	the corpora	poration submits this statement for tion's board of directors. I hereby a	iccept tile a	ррошинен	ao regiotorea
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable	(NOTE: Register	ed Ageni		ired when reinstating)	DATE	=	
SIGNATURE	Signature, typed or printed name of registered age	ont and title If applicable D DIRECTORS	(NOTE: Register	ed Ageni			DATE	ND DIRECT	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS ANI	ont and title if applicable	(NOTE: Register 13.	ed Ageni • IIILE		ired when reinstating)	DATE	=	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND PSTD WINGHAM, JONATHAN V	ont and title If applicable D DIRECTORS DELETE	(NOTE: Register 13. 1.51 1.27 1.35 1.4 (ed Ageni ITLE NAME STREET A	I signature requi	ired when reinstating)	DATE	ND DIRECT	ORS IN 12 ge Addition
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14. I hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), Florioa Statutes. I further certify that the information indicated on this annual report or supplemental annual report is rule 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 receivor or frustee 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 an attachment with an address.

CMATURE:

Porson

Jules 1

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