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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000029393 (4)

QUALITY AIRCRAFT MANAGEMENT & CHARTER, INC.

FILED Apr 23 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address 1575 W. COMMERCIAL BLVD. 1575 W. COMMERCIAL BLVD.								ITHE HALL IN	
HANGAR #36A HANGAR #36A			NOINL DETU.						
FT. LAUDERDALE FL 33309		ft. Lauderdale	FT. LAUDERDALE FL 33309		3. Date Incorporated or Qualified 04/21/1993		3a. Date of Last Report 05/30/1995		
2. Principa! Pla	ce of Business	2a. Mailing Address	3		4. FEI Number		A	Applied For	
1		26	26				ot Applicable		
Suite, Apt. #, etc.		├ ──	Suite, Apt. #, etc.		5. Certificate of Status Desired See Require				
2		27							
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
Zip	Country	Zip	Cou	untry	8. This corporation has liability for it	ntangibie tax ı			
24	25	29	30	,	Florida Statutes	No			
11	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered Ag	ent		
				81 Name					
SPENGLER, ARTHUR A				82 Street Address (P.O. Box Number is Not Acceptable)					
1575 W. COMMERCIAL BLVD.									
HANGAF				83					
FT. LAUDERDALE FL 33309				84 City		FL	85 Zip	Code	
				<u></u>	ration submits this statement for the pur		i l	aniatored offic	
12.	Signatine, types/or printed name of registered a OFFICERS	AND DIRECTORS	13.	is Agent Separatura require	ADDITIONS/CHANGES TO OFF	ICERS AND D	PIRECTO	PS IN 12	
TITLE	D	DELETI		TITLE	A DETROITED OF THE OFFI		Change	Addition	
NAMÉ	SPENGLER, ARTHUR JR		121	NAME					
STREET ADDRESS	1575 WEST COMMERCIAL	BLVD. HGR 36 A	135	STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 3330	9		DITY+SI-ZIP					
TITLE	VP_	DELET		TITLE		L	Change	nc:tibbA [
NAME	DESAWO, JAM	ies Aignan	221	VAME					
STREET ADDRESS	1575 W. COMA	CACIFL DIA PS	6 9 235	STREET ADDRESS					
CITY - ST - ZIP TITLE	FT. LAUD, FL	33309 DELET		DITY-ST-ZIP TITLE			Change	☐ Addition	
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STREET ADDRESS			3.3	STREET ADDRESS					
CITY-ST-ZIP				CITY - ST - ZIP					
TITLE		☐ DELET		TITLE		LJ	Change	Addition	
NAME				NAME					
STREET ADDRESS				STREET ADDRESS City-ST-Zip					
CITY-ST-ZIP TITLE		☐ DELET		TITLE			Change	☐ Addition	
NAME		_		NAME					
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TITLE		☐ DELE		TITLE		L] Change	☐ Addition	
NAME.				NAME CINCEL ADDRESS					
STREET ADDRESS				STREET ADDRESS					
CITY - ST - ZIP	1		64	CITY-ST-ZIP	for the eventulan stated in Section 110	07/31/k) Flori	da Statu	ites I further	

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)(x). 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: James J. DeSalvo V/A

4-16-96 954-493-9388

Duyti ne Phone ≇