FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FILED FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**

1. Corporation P.A.S.	on Name AVIATION			7 133 (2)							
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Principal Place of Business Mailing Address											
632 VERONA		·		VERONA PLACE							
WESTON FL 33326 WESTON FL 33326											
U\$ U\$								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 05/24/1993			
2. Principal I	Place of Busin	ness		2a. Mailing Address				4. FEI Number			Applied For
Suite Ant	# etc		26	Suite, Apt. #, etc.				65-0425415			Not Applicable
Suite, Apt. #, etc.				27			5. Certificate of Status Desired			5 Additional Required	
City & Sta	ite			City & State				6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution			ed to Fees
, Z≀p ,	Country			Zip		Country		8. This corporation owes or has paid the current year Intangible			
24	9. Name and Address of Current		29		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			□ No
			rem negiste	red Agent	81	ılı	Name	10. Name and Address of New H	agistered	Agent	
STYREN, PETER 2640 NE 41ST ST											
LIGHTHOUSE POINT FL 33064							Street Addres	ss (P.O. Box Number is Not Accepta	ble)		-
					83	3			-		
					84	١ -	City			85 Zi	ip Code
							•		<u>FL</u>		•
11. Pursuant office or	to the provis registered ag	ions of Sections 607.0 Jent, or both, in the St)502 and 607 ale of Florida	7.1508, Florida Statut I. Such change was :	es, the abov authorized b	/e-n	amed corporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose o	of changing	g its registered as registered
agent, I a	am familiar wi	th, and accept the ob	ligations of, a	Section 607,0505, Fi	orida Statute	S.	•		.		
SIGNATURE	Signature, lyned	or printed name of registered	agent and this if	Onlicable (NOT	E Registered An	ont c	signature required	Lubon reinstation	DATE		
12.	organisa ay aypos		AND DIRECT		13.	jean a	ng ratora reduitas	ADDITIONS/CHANGES TO OFFI		D DIRECT	OBS IN 12
TITLE	D			☐ DELETE.	1,1 TITLE					Change	
NAME		I, PETER			1,2 NAME						
STREET ADDRESS 2640 NE 41ST ST					1.3 STREET ADDRESS						
CITY-ST-ZIP					_	1.4 CITY-ST-ZIP					
TITLE				☐ DELETE	2.1 TITLE					L Change	e 🔲 Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET						
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY - 3.1 TITLE	SI-Z	ZIP		<u>:</u>	Chann	a I I Eddition
NAME					3.2 NAME					Change	e L Addition
STREET ADDRESS					3.3 STREET	T ADI	DRESS				
CITY-ST-ZIP	[3.4. CITY-1						
TITLE				☐ DELETE	4.1 TITLE	<u> </u>	-			Change	e Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	T ADO	ORESS				
CITY - ST - ZIP				,,	4.4 CITY - S	ST- Z	IP				
TITLE				☐ DELETE	5.1 TITLE					Change	e 🔲 Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET		į.				
CITY-ST-ZIP TITLE				DELETE	5.4 CITY - S	ST - Zi	IP			1 7 65	1 2 2 2 2 2
NAME				L. DECEIE	6.1 TITLE 6.2 NAME					Change	a L Addition
STREET ADDRESS						י אחי	noppee				
CITY-ST-ZIP					6.3 STREET						
	certify that the	information-sumplied	with this filin	n does not qualify fo	6.4 CITY - S			ection 119 07(3)(i) Florida Statutos 1	further or	ertifu that th	no information

indicated on this annual report or subjection of the corporation or Block 12 or Block 13 if changed, or pr philed with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio lemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.

SIGNATURE: