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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000046268

AVIATION ASSOCIATES, AMERICA, INC.

Principal Place	e of Business	Mailing Address				* 10041004 140 1011	99 (CICC 40CC 40C	., <b>49</b> 111 <b>88</b> 111 <b>8</b>		rry 81191 (911 1921
1325 S. CONGRESS AVE 1325 S. CONGRESS AVE										
SUITE 230	CH EL MANC	SUITE 230	E) 20420			Di	O NOT WRIT	E IN THIS	SPACE	
BOYNTON BEA	IUM FL 33420	BOYNTON BEACH US	FL 33420			3. Date Incorporated		E 114 11 110	O. AUL	
00		•				06/25/1993				
2. Principal P	Place of Business	2a. Mailing Addre	ess			4. FEI Number				Applied For
21	. ) ^	26	١			65-0420566				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.	H.		5. Certifcate of Status	s Desired			Additional Required
City & Stat	te	City & State	- ( \( \cdot \)			6. Election Campaigr Trust Fund Contrib	_			May Be to Fees
Zip	Country	Zip		Country		8. This corporation of		int year Inta		~f
24	25	29	30	·		Personal Property			Yes	TX No
	9. Name and Address of Curre	nt Registered Agent		81 1	Name	10. Name and Addre	ss of New R	egistered /	agent	
WEE	BBER, JOHN L	•		"	Name					
	1 SHERWOOD BLVD.			82 5	Street Addre	ess (P.O. Box Number is	Not Accepta	ble)		
	RAY BEACH FL 33445			83	<del>.</del>	- N	<del>11   1   1   1   1   1   1   1   1   1 </del>	er var er voor en de laar. Noorder var en de laar de	64 pro 18	
<i>-</i>	BENOTTE GOTTO			03			14.			
				84 (	City			FI	85 Zip	Code *
And the second	to the provisions of Sections 607.05	02 and 607 1508 Florid	la Statutos th	ha shove-n	amed como	ration submits this state	ment for the	ourpose of e	hanging i	ts registered
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State	e of Florida. Such chang	je was author	rized by the	e corporation	n's board of directors. I h	ereby accep	t the appoin	tment as	registered .
agent I a	am familiar with, and accept the oblig	ations of, Section 607.0	505, Florida (	Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.			gnature required	when reinstating)	<del> </del>	DATE		
SIGNATURE	Signature, typed or printed name of registered ap	ent and title if applicable.  ND DIRECTORS	(NOTE: Regis		gnature required	when reinstating)  ADDITIONS/CHANGE	GES TO OFF		D DIRECT	FORS IN 12
			(NOTE: Regis	stered Agent si	gnature required		GES TO OFF		D DIRECT	
12.	OFFICERS A	ND DIRECTORS	(NOTE: Regis	stered Agent si	gnature required		GES TO OFF			
12.	P WEBBER, J L	ND DIRECTORS	(NOTE: Regis	stered Agent signal  13.			GES TO OFF			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP.

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90109 009 \*\*\*150.00