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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

14. I do hereby certify that the information supinformation indicated on this annual report. I am an officer or director of the corporation appears in Block 12 or Block 13 if change.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 14 1997 8:00am

Secretary of State

DOCUMENT # P93000047106 (8)

P P AVIATION SERVICES, INC.

1801 S.E. 23RD AVENUE 1801 S.E. 23RD AVENUE FORT LAUDERDALE FL 33316-3635 FORT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1993 08/14/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0418495 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **PULLIN. PATRICK** 1801 S.E. 23RD AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of region red agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 THE NAME PULLIN, PATRICK 1.2 NAME 1801 S.E. 23RD AVENUE 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 1.4 CITY - \$1 - ZIP CITY-ST-ZiP DELETE Change Addition TITLE 211016 NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C/TY-ST-ZIP CITY - ST - ZIP Channe ___ Addition ☐ DELFTE TITLE 3.1 THE 3.2 NAM5 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZiP CITY-ST-ZIP Change Addition DELFTE TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY- \$1 - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TRUE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY - \$1 - 7IP

attachment with an address

Atth this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the aplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that he rejeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name