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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF CORPORATIONS

1996

P9300054992 (1)

1. Corporatio	MENT # P930 C DISTE AVIATION, INC.	00054992	(1)		JII BAHN ORIBI BIRN BIRNA KAKE JAMA MAN IBAN
Principal Place	e of Business	Mailing Address			
1725 HANGAR RD. SANFORD FL 32773		1725 HANGAR RI SANFORD FL 323			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal FI	lana of Flucian	- 		08/05/1993	04/07/1995
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26		59-3200242	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & State	Đ	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp 24	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
24 25 29 29 . S. Name and Address of Current Registered Agent			30		
•	5. Name and Hadicas of Current	negistered Agent	81 Name	10. Name and Address of New R	egistered Agent
SEWE	LL, LAURIE R				
	S.E. MONTEREY ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)
	RT FL 34996		83		
			84 City		FL 85 Zip Code
familiar wit SiGNATURF	ed agent, or both, in the State of Hond: th, and accept the obligations of Section Service treater intercember of the control of the CERS AND	n 607.0505, Florida Statul	rized by the corporation's boales http://www.apatite.organical.com/		inument as registered agent. I am
TITLE	PVDS	☐ DELETE	TITILE	ADDITIONS/CHANGES TO OFFI	
NAME	DUROUX, EDWARD M		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	1207 CEDAR CREEK CIRCLE		1.3 STREET ADDRESS		
CITY - ST - ZIP	SANFORD FL 32771-3380		1.4 CHV - \$1 - ZIP		
TITLE		DELETE	2 1100		Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 Cily St-ZiP		
TITLE NAME		DELETE	3 1 Tiflaf 🔔		Change Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3. STHEET ADDRESS		
TITLE		DELETE	3.4 Cilly - ST- 7-P 4.1 THLE		
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.2 AANVIE 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 III.E		Change Addition
NAME			5.2 NAME		S evening S Maduith
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CiTY - ST - ZiP		
TITLE		C] DELETE	6 1 TITLE	20000196	Chapge Addition
NAME CIRCLE ALONGO			6.2 NAME	80000186 -06/20/960101	7014 5/
STREET ADDRESS			6.3 STREET ACORESS	***200.00	//
CHTY - ST - ZIP			6.4 CITy - \$1 - 7/P		$\iota' \iota \iota'$

5.4 CITY - \$1 - 769 14. It do hereby certify that the information supplied with this filing is voluntarily furnished and dues not qualify for the exemption stated in Section 119.07(3)(k). 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 paths that I am an officer or director of this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 407-323-0888

CR2E034 (12/95)