PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000061462

1. Corporation Name

SUNQUE	ST AVIATION, INC.									
Principal Place	of Business	Mailing Address		.,		1881/881 IO 18189 IOI IOI I	FEII) OBIN SONS C	III TARA	I BININ INDI LEDI	
11600 AVIATION BLVD. 17611 123RD TERR N										
PALM BEACH GARDENS FL 33412 JUPITER FL 33478						DO NOT W	DITE IN TUIC	SDACE		
US US					<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
					1		U			
	60	2 Mailing Address				09/01/1993 4. FEI Number		T A	oplied For	
Principal Place of Business 2a. Mailing Address						T		ot Applicable		
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional	
					- 1	Certificate of Status Desired			equired	
27 27					·	6. Election Campaign Financin		\$5.00	May Be	
23		28	- .			Trust Fund Contribution	9 🗆 –		to Fees	
Zip	Country	Zip	Country			8. This corporation owes the c	irrent year Inta	angible		
24	25	29 3	0			Personal Property Tax		Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			1	0. Name and Address of Nev	Registered A	Agent		
			81	Name						
	Z, JENIFER		82	Street A	Address	(P.O. Box Number is Not Acce	ptable)			
NORTH COUNTY AIRPORT						<u> </u>				
11600 AVATION BLVD			83							
WES	T PALM BEACH FL 33412		84	City				85 Zip	Code	
				1			<u>FL</u>			
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autoations of, Section 607.0505, Florid	nonzed by ia Statutes	the corpor	rauon s	board of directors. Thereby acc	cept the appoin	itment as re	egistered	
0.0,	Signature, typed or printed name of registered ag			nt signature rec	quired whe	ADDITIONS/CHANGES TO	DATE	D DIRECT	OPS IN 12	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO	JEFICERS AN	Change	Addition	
TITLE	PD	☐ pereir	1.1 TITLE	ļ					[]	
NAME	GETZ, JENIFER		1.2 NAME	* +0000000						
STREET ADDRESS	17611 123RD TERR N			T ADDRESS					i	
CITY-ST-ZIP	JUPITER FL	☐ DELETÉ	1.4 CITY-5	51-ZIP				Change	Addition	
TITLE	VD		2.2 NAME						_	
NAME	GE12, DAIL			T ADDRESS						
STREET ADDRESS	TOTAL IZONO IZONO		2.3 STREE			•			İ	
CITY-ST-ZIP TITLÉ	JUFITER FL	□ DELETE	3.1 TITLE	31-28				Change	☐ Addition	
NAME			3.2 NAME	1						
				T ADDRESS						
STREET ADDRESS			3.4. CITY-							
CITY-ST-ZIP TITLE			4.1 TITLE					Change	☐ Addition	
NAME			4, 2 NAME							
STREET ADDRESS				TADDRESS						
			4.4 CITY-5	- 1					ļ	
CITY-ST-ZIP TITLE			5.1 TITLE	-				Change	☐ Addition	
NAME	{		5.2 NAME	1					(
STREET ADDRESS			5.3 STREE	TADORESS						
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					ĺ	
TITLE		☐ DELETE	6.1 TITLE		-			Change	☐ Addition	
NAME			6.2 NAME							

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90019 021 ***150.00