

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068405 (8)

1. Corporation Name

AIRCORP SPARES, INC.



Principal Place of Business

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO FL 32822

Mailing Address

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO FL 32822

2. Principal Place of Business

21 9025 Bobby Creek Rd

Suite, Apt. #, etc.

22 Unit 11

City & State

23 ORLANDO FL

24 32824

Country

2a. Mailing Address

26 9025 Bobby Creek Rd.

Suite, Apt. #, etc.

27 Unit 9

City & State

28 ORLANDO FL

29 32824

Country

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3203647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THORNTON, W J
5955 T.G. LEE BLVD.
SUITE 100
ORLANDO FL 32822

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable) (If not a Registered Agent Signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME THORNTON, W J
STREET ADDRESS 5955 T.G. LEE BLVD. #300
CITY - ST - ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME WIKERT, JAMES R
STREET ADDRESS 3890 W. NORTHWEST HWY #700
CITY - ST - ZIP DALLAS TX 75220

TITLE ☐ DELETE

NAME COTI, RALPH
STREET ADDRESS 575 LEXINGTON AVENUE #2000
CITY - ST - ZIP NEW YORK NY 10022

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 9025 Bobby Creek Rd Unit 9
1.4 CITY - ST - ZIP ORLANDO FL 32824

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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.

SIGNATURE:

W. J. Thornton

4/16/96 407 856 1036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date and Phone #

CR2E034 (12/95)