5-8-97 B-6592 C.

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000000198 (9)**

1. Corporation Name
AVIATION CENTER OF TAMPA BAY, INC.

Principal Place of Business
P.O. BOX 1381
RIVERVIEW FL 33569

Mailing Address
6222 US HWY 301 SOUTH
RIVERVIEW FL 33569-3827
US

2. Principal Place of Business
21 6222 US Hwy 301 South
Suite, Apt. #, etc.
22
City & State
23 Riverview FL
Zip 24 33569-1056 Country 25

2a. Mailing Address
26 6222 US Hwy 301 South
Suite, Apt. #, etc.
27
City & State
28 Riverview FL
Zip 29 33569-1056 Country 30

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3193427
[ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
RRIVITERA, PETER J
~~726 4TH STREET NORTH~~ Address change —
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent
81 Name Peter J PRIVITERA
82 Street Address (P.O. Box Number is Not Acceptable)
449 3rd Ave No. Ste 203
83
84 City St Petersburg FL 85 Zip Code 33701

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, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed/faxed)
4/28/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	S	[ ] DELETE
NAME	ALLEN, BEVERLY	
STREET ADDRESS	6222 US HWY 301 SOUTH	
CITY-ST-ZIP	RIVERVIEW FL 33569-1056	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		3827
1.4 CITY-ST-ZIP		33569-[illegible]
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		

CR2E034 (9/96)

14. I do 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 added on an attachment with an asterisk.

SIGNATURE: Beverly Allen