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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021146 (3)

K AND P AVIATION, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						i du ang espan angga noga dil	
6637 HOLLANDAIRE DRIVE W. 6637 HOLLANDAIRE DRIVE BOCA RATON FL 33433 BOCA RATON FL 33433					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
	······································				03/18/1994		
	face of Business	2a. Mailing Address			4. FEI Number Applied For		
21	H -1-	[26]			65-0498427		ot Applicable
Suite, Apt		Suite, Apt #, etc.			5. Certificate of Status Desired	1 1 '	Additional equired
City & State	0	City & State	·· ₁		Election Campaign Financing Trust Fund Contribution	President 1	May Be to Fees
Zip	Zip Country Zip		Country		8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30	Personal Property Tax due June 30. Yes No			
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
wo	ijtanek, stephen f		1	31 Name			
6637 HALLONDARE DRIVE WEST BOCA RATON FL 33433			Ī	32 Street Add	dress (P.O. Box Number is Not Acceptable	ə)	
	ON INIOITIE 00100		į.	33			
			t	34 City		FL 85 Zip 0	Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	ules, the abo		rporation submits this statement for the pu		s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such change was	authorized	by the corpora	ation's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	war en andere en and	en e					
12.	Signature, typind or product name of requisit richts OFFICERS A	ND DRECTORS	13.	Agent signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE	3C (N) 10
TITLE	D	DELETE	111111	F	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	WOJTANEK, STEPHEN F		1 2 NAM				
STREET ADDRESS				EET ADDRESS			
City-SI-ZIP	BOCA RATON FL 33433	•••		'-ST-ZIP			i
TITLE			21 TITL			☐ Change	Addition
NAME			2 2 NAM	IE			
STREET ADDRESS			2 3 S1R	EET ADDRESS			
CITY - ST - ZIP			2 4 001	Y-ST-ZIP			
TITLE		DELETE	3 1 1HTL	E		☐ Change	Addition
NAME			3 2 NAM	IE			
STREET ADDRESS			3.3 STA	EFT ADDRESS			
CITY - ST - ZIP			3.4. CIT	r-ST-ZIP			
TITLE	,	☐ DELETE	4.1 THU	E		☐ Change	Addition
NAME			4. 2 NAM	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY - ST - ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	£		☐ Change	Addition
NAME			5.2 NAV	IE			
STREET ADDRESS			5.3 STRI	FET ADDRESS			
CITY - ST - ZIP			5.4 CITY	- ST - ZIP			
TITLE		DELETE	6 1 TITU	E		☐ Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STR	EF ADDRESS			1
CITY-ST-ZIP				-ST-ZIP			
14. i hereby c	erbty that the information supplied.	with this filing does not qualify.	for the exem	ontion stated in	n Section 119.07(3)(i), Florida Statutes, I fu	irther certily that the	information 1

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: