

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000026163 (3)

1. Corporation Name
PENN YAN AEROPARTS OF FLORIDA, INC.



Principal Place of Business: **615-C HERNDON AVENUE ORLANDO FL 32803**
Mailing Address: **615-C HERNDON AVENUE ORLANDO FL 32803**

3. Date Incorporated or Qualified: **04/06/1994**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-3233870**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **23** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIDDLEBROOK, DARYL L
615-C HERNDON AVENUE
ORLANDO FL 32803**

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 _____ DATE _____
Signature (space for printed name of registered agent) _____ Date Registered Agent Signature (space for printed name) _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MIDDLEBROOK, DARYL L	
STREET ADDRESS	2612 SISSON ROAD	
CITY-ST-ZIP	PENN YAN (NK) 14527	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIDDLEBROOK, PATRICIA	
STREET ADDRESS	2612 SISSON ROAD	
CITY-ST-ZIP	PENN YAN (NK) 14527	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	PENN YAN NY 14527
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	PENN YAN NY 14527
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICE PRESIDENT
3.3 STREET ADDRESS	SWARTOUT, NANCY
3.4 CITY-ST-ZIP	224 BUFFALO STREET CANANDAIGUA NY 14424
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	MIDDLEBROOK, WILLIAM
4.4 CITY-ST-ZIP	2612 SISSON ROAD PENN YAN
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Bank deposit \$200.00

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 or person 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: *Patricia Middlebrook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA MIDDLEBROOK

TREASURER
Date: **4-8-96** Time Filed: **3:55:36 PM**
SG-5-1-96

CR2E034 (12/95)