

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

1995



DOCUMENT # P94000056498 (6)

BEACON AVIATION SALES & SERVICES, INC.

APPROVED
AND
FILED

MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8901 NW 28TH DR APT A
CORAL SPRINGS FL 33065

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CORAL SPRINGS FL 33065

2. Filing Office		2a. Mailing Address		3. Effective Date of Filing		3a. Registered Agent	
21 8512 N.W. 66th St		26 8512 N.W. 66th St		08/01/1994		N/A	
22		27		4. Filing Number		Applied For	
23 Miami, FL		28 Miami, FL		65-0532403		Not Applicable	
24 33166		29 33166		5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
25 U.S.A.		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation has not been organized under the laws of Florida Statutes		X Yes [] No	

RICHIE, LAYNE M
8901 NW 28TH DR APT A
CORAL SPRINGS FL 33065

81 Name Layne M. Richie
82 Street Address 8512 N.W. 66th St.
83
84 City Miami, FL
85 Zip Code 33166

11. I, the undersigned, Secretary of the State of Florida, do hereby certify that the above named corporation has filed this statement for the purpose of changing its registered office to the address set forth in this statement, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE: Layne M. Richie Layne M. Richie 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	D RICHIE, LAYNE M	1. NAME	President X
STREET ADDRESS	8901 NW 28TH DR APT A	2. NAME	Richie, Layne M
CITY	CORAL SPRINGS FL 33065	3. STREET ADDRESS	8512 N.W. 66th St.
STATE		4. CITY	Miami, FL 33166
ZIP		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY		7. CITY	
STATE		8. NAME	
ZIP		9. STREET ADDRESS	
STREET ADDRESS		10. CITY	
CITY		11. NAME	
STATE		12. STREET ADDRESS	
ZIP		13. CITY	
STREET ADDRESS		14. NAME	
CITY		15. STREET ADDRESS	
STATE		16. CITY	
ZIP		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY		19. CITY	
STATE		20. NAME	
ZIP		21. STREET ADDRESS	
STREET ADDRESS		22. CITY	
CITY		23. NAME	
STATE		24. STREET ADDRESS	
ZIP		25. CITY	

14. I, the undersigned, do hereby certify that the information supplied with this filing is true and correct, and that the corporation has filed this statement for the purpose of changing its registered office to the address set forth in this statement, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE: Layne M. Richie Layne M. Richie 5-1-95 (305) 639-3383