

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **P94000057616 (2)**

1. Corporation Name
SUMMIT AVIATION, INC.



Principal Place of Business

**11214 PINES BLVD
SUITE 189
PEMBROKE PINES FL 33026
US**

Mailing Address

**P O BOX 822602
SOUTH FLORIDA FL 33082-2602
US**

3. Date Incorporated or Qualified
08/02/1994

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

4. FEI Number
65-0519613

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. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29.

30.

9. Name and Address of Current Registered Agent

**GINE, ROBERT J., SR.
16291 NW 1ST STREET
PEMBROKE PINES FL 33028**

10. Name and Address of New Registered Agent

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 firm or wife, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of the principal officer or director of the corporation or the registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

FILE ☐ DELETE
NAME **PD**
STREET ADDRESS **GINE, ROBERT J SR**
CITY - ST - ZIP **16291 N.W. 1ST ST.
PEMBROKE PINES FL 33028**

FILE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

FILE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

FILE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

FILE ☐ 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

1.4 CITY - ST - ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J Gine

3/19/97

94-40-9981

CR2E034 (9/96)