## 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

P94000065748 (3) DOCUMENT #

NORTHSTAR AVIATION SERVICES, INC.

Principal Place of Business Mailing Address											1 44 Mridial ten emitt Minty antitt Affil ##1		ps Walles (#W()	919 <b>4</b> 6 (91) (8 <b>9</b> )	
1100 LEE WAGENER BLVD SUITE 310 FT LAUDERDALE FL 33315  1100 LEE WAGENER BLVD SUITE 310 FT LAUDERDALE FL 33315  FT LAUDERDALE FL 33315										DO NOT WRITE IN THIS SPACE					
us us											3. Date Incorporated or Qualified 09/07/1994				
2. Principal Place of Business 2e. Mailing Address										4.	FEI Number			Applied For	
21				26					ļ	65-0529069			Not Applicable		
Suite, Apt. #, etc.				Suite, Apt #, etc.					5.	Certificate of Status Desired			Additional Required		
City & State				City & State						6.	Election Campaign Financing Trust Fund Contribution			May Be	
Zip Country			,	Z(p Co			Country		8.	This corporation owes or has paid	d the cyr	rent year I	ntangible		
24		25		29 30						<u>L.</u>	Personal Property Tax due June		<b>I</b>	□ No	
9. Name and Address of Current Registered Agent								T	10. Name and Address of New Regist			istered.	Agent		
CALLOWAY, JEROME A 1100 LEE WAGENER BLVD								14	ame						
	<i>I</i> O LEE WA' ITE 310	.עט				82	St	reet Addre	ress (P.O. Box Number is Not Acceptable)						
	LAUDERDA	315						=							
								Ci	itsr				85 Zip	o Code	
[							84		•			FL			
office or re	<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auti agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid</li> </ol>									oration on's b	n submits this statement for the pu poard of directors. I hereby accept	urpose of t the app	changing ointment a	its registered as registered	
SIGNATURE .										. <u></u> -					
Signature, typed or printed name of registered agent and title if applicable (NOIF R  12. OFFICERS AND DIRECTORS								egistered Agent signature require			reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO	DRS IN 12	
TITLE	DP OFFICERS A			DELETE			1.1 TOLE			ADDITIONS/OFFAINGED TO OFFICE		Change			
NAME CALLOWAY, JEROME A							1.2 NAME								
STREET ADDRESS		er blvd ste	<b>E 310</b> 1.3			1.3 STREET ADDRESS									
CITY-ST-ZIP	ST-ZIP FT LAUDERDALE FL				1			1.4 CITY-ST-ZIP					<b></b> 1		
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NAME							2 NAME								
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NAME						1	2 NAME								
STREET ADDRESS						1	3 STREET	ADDF	RESS						
CITY-ST-ZIP						4.	4 CITY - S	T - ZIP							
TITLE	_				☐ DELETE	5.1	1 TITLE						☐ Change	Addition	
NAME						5.	2 NAME								
STREET ADDRESS						5.	3 STREET	ADDF	RESS						
CITY-ST-ZIP						5.4	4 CITY - S	T - ZIP					<b></b> -		
TITLE					DELETE	6.	1 TITLE						☐ Change	☐ Addition	
NAME							2 NAME								
STREET ADDRESS							3 STREET		1						
CITY-ST-ZIP	erlify that the	information	supplied with	his fili	no does not qualify fo		4 CITY - ST exempl			ectio	n 119.07(3)(i). Florida Statutes. I fi	urther ce	rtify that th	ne information	

indicated on this annual report or supplieremental 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 occurrent 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.

1/20/20

001.271 1320

**FILED** 

Feb 11 1998 8:00am

Secretary of State