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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000065748**1. Corporation Name

NORTHSTAR AVIATION SERVICES, INC.

Principal Place of Business		Mailing A	Mailing Address				* * * * * * * * * * * * * * * * * * * *			
1100 LEE WAGENER BLVD			1100 LEE WAGENER BLVD							
SUITE 310			SUITE 310				DO NOT WRITE IN THIS SPACE			
FT LAUDERDALE FL 33315 US			FT LAUDERDALE FL 33315 US				3. Date Incorporated or Qualifed			
03		03					09/07/1994			
2. Principal P	lace of Business	2a. Mailin	ng Address				4. FEI Number		Apı	olied For
21	idee of business	26					65-0529069	F	- ' '	Applicable
Suite, Apt.	#. etc.		. Apt. #, etc.					\$8		dditional
22	,	27					5. Certifcate of Status Desired		ee Re	
City & Stat	e		& State				6. Election Campaign Financing	\$	5.00	May Be
23		28					Trust Fund Contribution			Fees
Zip	Country	Zip		Col	intry		8. This corporation owes the current y	ear Intangible	e	
24	25	29		30			Personal Property Tax.	ŬY€	es	□No
,	9. Name and Address of Curr		Agent		}		10. Name and Address of New Regis	tered Agent		
					81	Name				
	LOWAY, JEROME A				82	Street Add	fress (P.O. Box Number is Not Acceptable)			
1100	LEE WAGENER BLVD				02	Street Addi	ress (P.O. Box Number is Not Acceptable)		ا مواد فده	and the second
Sun	TE 310				83			11 11 11		48:180.34
FT Ł	AUDERDALE FL 33315									175. <u>21</u> 1.03
		-			84	City		FL 85	Zip C	ode
office or n	egistered agent, or both, in the Stat	te of Florida. Suc	ch change was a	authorize	i by i	the corporation	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of chang appointment	ing its t as reg	registered jistered
office or n	to the provisions of Sections 607.02 egistered agent, or both, in the Stat im familiar with, and accept the obligations of the section of the sec	te of Florida, Suc gations of, Section	ch change was a on 607.0505, Flo	authorize orida Stat E: Registered	l by i	the corporation	ion's board of directors. I hereby accept the	appointment	t as reg	pistered
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14. I 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 indicated on this annual report or suppliemental 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 of 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, of or an attachment with an address, with all other like empowered.

SIGNATURE:

lerome A