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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P94000082763 1. Corporation Name

S.E.D. AIRWORTHINESS CERTIFICATIONS INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90173 043 ***150.00



				I (BBilbBi im imit Bill) Abit Batt hatt mater	Brid
Principal Place	of Business	Mailing Address			
501 S. CAROLINA DR. 501 S. CAROLINA-DR. STUART FL 34994 STUART FL 34994					
		STORKT*FE 34994		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				11/09/1994	
2. Principal Pl	ace of Business	2a. Mailing Address	اسح ا	4. FEI Number	Applied For
1 7350	westpointe Blub	26 7350 WEST	points Blu	2 65-0539321	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	5. Certifcate of Status Desired	\$8.75 Additional
2 UN	JIT 223	27 UNIT	<u> 223 _</u>		Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
3 OR	ANDO	20	Country	Trust Fund Contribution	
Zip,	Country _ 25 ろこもろら	·	32835	This corporation owes the current year in Personal Property Tax.	∐Yes ⊠No
4 FL	9. Name and Address of Current	1201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	10. Name and Address of New Registered	
	5. Name and Address of Current	registered Agent	81 Names		
SAU	nders, steven k			UNDERS STEWEN K	, • <u></u>
501 S. CAROLINA DR.			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	ART FL 34994		83	21 4	
			(12	of = 223	
			84 City	FL FL	85 Zip Code 32835
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	ne above-named co	proporation submits this statement for the purpose of	Echangina its registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was author	rized by the corpora Statutes	ation's board of directors. I hereby accept the appo	intment as registered
	m familiar with, and accept the using au	Ons de Section 607.5500, 7 londa	Statutos,	25-9	7 .
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT STORY	
NAME	Saunders, Steven K	1	1.2 NAME	BAUNDIRS STEVEN K. 1350 WESTPOINTE Blod U	wit #222
STREET ADDRESS	501 S. CAROLINA DR.	i	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	ORLANDO, FR. 32835	☐ Change ☐ Addition
TITLE	D	☐ DELETE		VILE PRISIDENT.	☐ Change ☐ Addition
NAME	Saunders, elke k		2.2 NAME	SAUNDEDS ELKY K.	
STREET ADORESS	501 S. CAROLINA DR.	. 1	2.3 STREET ADORESS	9350 wistpointe Blue	WOII 22
CITY-ST-ZIP	STUART FL 34994		2. 4 CITY-ST-ZIP	ORLANDO, 40. 32835	□ Addition
TITLE	D	☐ DELETÉ	3.1 TITLE	CFO WILLIAMS, DANIELA	Change Addition
NAME	SAUNDERS, DANIELA U		1-	1987 SW SUNSET TRACE CI	20/0
STREET ADDRESS	501 S. CAROLINA DR.				
CITY-ST-ZIP	STUART FL 34994		3.4 CITY-ST-ZIP	PALM City, 71. 34990- 2	☐ Change ☐ Addition
TITLE			4.1 TITLE		☐ Criange ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
C/TY-ST-ZIP			44 CITY-ST-ZIP		Change Addition
TITLE			5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition
TITLE		LI OCCCIO	6.2 NAME		C 2 control
NAME			6.3 STREET ADDRESS	·	
STREET ADDRESS			0.3 STREET ADDRESS	· ·	

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR