

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

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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90079 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000093964

1. Corporation Name

COMMERCIAL AVIATION SERVICES OF WEST PALM BEACH,  
INC.

Principal Place of Business

3281-B LAKE WORTH RD  
SUITE 150  
LAKE WORTH FL 33461  
US

Mailing Address

3281-B LAKE WORTH RD  
SUITE 150  
LAKE WORTH FL 33461  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1994

4. FEI Number

65-0556594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

PO Box 5778

Suite, Apt. #, etc.

Lake Worth FL

33466

USA

9. Name and Address of Current Registered Agent

BELSON, STEVEN A  
400 AUSTRALIAN AVE S  
SUITE 500  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Stephen F Phillips  
82 Street Address (P.O. Box Number is Not Acceptable)  
553 Woodland Ave  
83  
84 City West Palm Beach FL 85 Zip Code 33466

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 agent 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stephen F Phillips*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KIM, IAN  
STREET ADDRESS 5823 LAKE WORTH RD  
CITY-ST-ZIP LAKE WORTH FL

TITLE VD  
NAME PHILLIPS, STEPHEN  
STREET ADDRESS 5823 LAKE WORTH RD  
CITY-ST-ZIP LAKE WORTH FL

TITLE ST  
NAME PHILLIPS, JUDITH  
STREET ADDRESS 5823 LAKE WORTH RD  
CITY-ST-ZIP LAKE WORTH FL

TITLE D  
NAME PHILLIPS, FOY  
STREET ADDRESS 5823 LAKE WORTH RD  
CITY-ST-ZIP LAKE WORTH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Stephen F Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

Daytime Phone #

CR2E034 (11/98)