

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

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AND
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97 AUG -4 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000004559

1. Corporation Name

STARUATION Aviation Sales INC.

Principal Place of Business

Mailing Address

138 N Swinton Ave
Delray Beach, FL 33444

138 N. Swinton Ave.
Delray Beach, FL 33444

2. Principal Place of Business

21 11860 NW 37 STREET

Suite, Apt. #, etc.

22

City & State

23 SUNRISE, FL

Zip

24 33323

Country

25 U.S.A.

2a. Mailing Address

26 11860 NW 37 STREET

Suite, Apt. #, etc.

27

City & State

28 SUNRISE, FL

Zip

29 33323

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/18/95

3a. Date of Last Report

4. FEI Number

65-0654814

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Simms, RJ
138 N Swinton Ave
Delray Beach, FL 33444

81 Name

CLYDE O'CONNOR

82 Street Address (P.O. Box Number is Not Acceptable)

11860 NW 37 STREET

83

84 City

SUNRISE

FL

85 Zip Code

33323

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

SIGNATURE

Clyde O'Connor
Signature, typed or printed name of registered agent and title if applicable.

CLYDE O'CONNOR

(NOTE: Registered Agent signature required when reinstating)

7/30/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

PRESIDENT

1.3 STREET ADDRESS

CLYDE O'CONNOR

1.4 CITY-ST-ZIP

11860 NW 37 STREET
SUNRISE, FL 33323

2.1 TITLE

VICE President

2.2 NAME

2.3 STREET ADDRESS

no changes at this time

2.4 CITY-ST-ZIP

no additions at this time

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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****165.00 ****165.00

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

8/18/96

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 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.

SIGNATURE:

Clyde O'Connor
President CLYDE O'CONNOR 7/30/97 572-4583

CR2E034 (9/96)