

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011209 (0)

1. Corporation Name

AM/PM AVIATION, INC.

Principal Place of Business

% PATRICIA CUFFO MILLER
5001 N.W. 105TH DRIVE
CORAL SPRINGS FL 33076

Mailing Address

% PATRICIA CUFFO MILLER
5001 N.W. 105TH DRIVE
CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1995

4. FEI Number

65-0555830

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 or has paid the current year's tangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

RIM, PETER M
10432 N.W. 50TH PLACE
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name

Susan Kozloski

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

900 E. Atlantic Blvd.

83

84 City

Pompano Beach

FL

85 Zip Code

33060

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

Susan Kozloski

(NOTE: Registered Agent signature required when reinstating)

3/24/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PS
MILLER, PATRICIA C
STREET ADDRESS 5001 N.W. 105 DR.
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ DELETE

NAME VT
MILLER, ANTHONY
STREET ADDRESS 5001 N.W. 105 DR.
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Patricia Cuffo Miller

4-27-98 954-753-1478

CR2E034 (10/97)