## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEP**A**RTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

## DOCUMENT # P95000015121 (3)

DOUBL	E EAGLE AVIATION, INC	<b>)</b> .			
Principal Place	of Business	Mailing Address			
2900 E OAKLAND PARK BLVD THIRD FLOOR FT LAUDERDALE FL 33306		2900 E OAKLAND PÅRK BLYD THIRD FLOOR FT LAUDERDALE FL 33306			
					3. Date incorporated or Qualified 3a. Date of Last Report 02/23/1995
2. Principal Pla	ace of Business	2a. Maing Address			4. FEI Number Applied For
21		26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		65-0562249 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		27 City & State			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation has fiability for intangible tax under s. 199.032,
24	25		0		Florida Statutes Yes No
	9. Name and Address of Cur	rent Hegistered Agent	81	Name	10. Name and Address of New Registered Agent
HOODE	OPAN I				
	, sean l Oakland park blyd		82	Street	Address (P.O. Box Number is Not Acceptable)
THIRD F			83		
	DERDALE FL 33306		84	City	85 Zip Code
			04	Oity	FL 85 Zip Code
11. Pursuant to or recisters	o the provisions of Sections 607.08 ed abent, or both, in the State of Fi	502 and 607.1508, Florida Stat <b>utes</b> , Jorida, Such change was autho <b>rize</b> d i	the above n	amed co	corporation submits this statement for the purpose of changing its registered office s board of directors. I hereby accept the appointment as registered agent. I am
familiar wit	h, and accept the obligations of, S	ection 607.0505, Florida Statut <b>es.</b>	., co.p.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE: _	Signature, typed or printed name of registered a	contract the If precioation APTE-1	translatered Americ	eigralian e	required when renstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	D	☐ OELETE	1 1 TITLE		Change Addition
NAME	MARTINEZ, ALEX		1.2 NAME		
STREET ADDRESS	10709 CLEARY BLVD #31	0	13 STREET	ADDRESS	5500 NW 21 TEARACE \$14
CITY-S1-7IP	PLANTATION FL 33324	Fin CFC	14 CHY-S	- ZiP	FT. LAUDICOALE, FL 33309
TITLE Dates		[] DELETE	2 1 TITLE		Change Addition
NAME Orocet adoubles			2.2 NAME	ADBOLCO	
STREET ADORESS CITY-ST-7/P			2 3 STREET 2 4 City - St		
FILE	· · · · · · · · · · · · · · · · · · ·	DELETE	3 1 TITLE		Change Addition
NAME		- "	32 NAME		
STREET ADDRESS			3.3. STREET	ADDRESS	
CiTY-\$1-ZiP			3.4 CITY-S	- ZIP	
TILE		Defete	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-7P		FD brutte	4.4 CITY - S	- ZIP	
TITLE		□ OELETE	5 1 TITLE		Change Addition
NAME OTDECT ADMODECO			52 NAME		400001834174
STREET ADDRESS CITY-ST-7/P			5.3 STREET 5.4 CITY - ST		400001834174 -05/22/9601028028 ***200.00
FITE	TOTAL TO THE PRESENCE TERMINETAL AND A SETTING THE ACTION OF THE ACTION	DELETE	6 1 TITLE	- til.	元表示とUU。UU Change Addition
NAME		<b>⊷</b> ,	62 NAME		_ <b>\_</b> -
STREET ADDRESS			63 STREET	ADDRESS	क्टिं
CHTY-ST-1/P			6.4 CITY - ST		5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Brock 13 if changed, ar on all intrachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/29/4

954-777 - 4122 Daytimo Phone # CR2E034 (12/95)