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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016539 (5)

CASUCCI AVIATION, INC.

A STATE OF THE STA

## **FILED** Mar 17 1997 8:00am Secretary of State



Principal Place o	f Business	Ma	ailing Address							
11880 20TH STREET NORTH ST. PETERSBURG FL 33716			11880 28TH STREET NORTH ST. PETERSBURG FL 33716-1815							
						3. Date Incorporated or Qualified 3a. Date of La 02/28/1995 06/17/199				
2. Principal Place of Business			2a. Mailing Address			4. FEI Number				
21		26	26			59-3307347	Not Applicable			
Sulte, Apt. #, etc.		27	Sulte, Apt. #, etc.			5. Certificate of Status Desired		. <b>75</b> A	dditional	
Ofty & State		-  =(1	City & State			6. Election Campaign Financing			<u> </u>	
28			28			6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees				
Zip	Country	1201	Zip	Country	/	8. This corporation has liability for in				
24	26	29	•	30			]Yes □ No			
	9. Name and Address of Curre		tered Agent			10. Name and Address of New Reg	stered Agent	.r u u		
CASHO	XXI, CASS T			81	Name					
	28TH ST. NORTH				0	(DO D. N	<u> </u>			
ST. PETERSBURG FL 33716				82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
SILFE	(Chopolia i E 007 io			83						
				L.		,				
**				84	City		FL  85	Zip C	ode:	
office or reginate to the agent. I am i	istered agent, or both, in the Stat lamiliar with, and accept the oblid	e of Florid gations of	da. Such change was f, Section 607.0505, Fl	authorized b lorida Statute	y the corpora s.	poration submits this statement for the p ation's board of directors. I hereby accep	t the appointme	int as r	egistered	
Signations	nature, typed or printed name of registered a	gont and title	il applicable (NO	1f.: Registered Ag	ent signature requ	ired when reinstating)	DATE			
12.	OFFICERS AT	ND DIREC		13.		ADDITIONS/CHANGES TO OFFIC				
TITLE C	<i>*</i>		DELETE	1.1 TITLE			☐ Ch	ange	Additio	
	CASUCCI, CASS T			1.2 NAME						
	100 PINELLAS BAYWAY, NO	). G-4		1.3 STREET	ADDRESS					
CITY-ST-ZIP T	IERRA VERDE FL 33715	<del> </del>		1.4 CITY- 3	31-7IP					
TITLE			☐ DELETE	2.1 TITL€			☐ Ch	ange	Additi	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	ADDRESS					
CITY-ST-ZIP				2. 4 CITY-	S1+ZIP					
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NAME				3.2 NAME						
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TITLE			DELETE	4.1 TITLE			☐ Ch	ange	Addili	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 S1REE	ADDRESS					
CHTY-\$T-ZIP	à			4.4 CITY-5	51- ZIP					
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NAME	$/ $ $)$ $\lambda / \lambda$			5.2 NAME						
STREET ADDRESS	[ M [ [ ] ]	Y	٠ ١	5.3 STREE	ADDRESS		_	1/2	211	
CITY-ST-ZIP	JOSHI). VI		mus -	5.4 CITY-5	1		Ĺ	[סון	011	
TITLE			DELETE	G.1 TITLE		garage garage garage garage garage and and and	L L	ange	Addition	
NAME				G.2 NAME		60000211 -03/18/970101	A Cap			
STREET ADDRESS				63 STREET	ADDRESS	-03/18/3(0101	4021			
CITY-ST-ZIP				6.4 CITY-5	ĺ	***173,75				
	cartly that the information cumpli	od with th	ic ting door not anal			nd in Section 119 07(3)(i) Florida Statutes	L further certifi	z that t	bo.	

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.

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