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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

Principal Place of Business

D'VISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P95000017761	(4)			
WINTER PARK AVIATION, INC.					



1001 BONITA DRIVE 1001 BONITA DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789								
					3. Date Incorporated or Qualified 03/01/1995	3a. Date of t		
2. Principal Pla	ce of Business	28. Mailing Address 26			4. FEI Number 32995	58	Applied For Not Applicable	
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Additional Fee Required		
City & State		City & State 28			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees	
Zip 24	Country 25	Zip <b>29</b>	Cour 30	ltry	8. This corporation has liability for intangible tax under s 199.032.  Florida Statutes X Yes □ No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Age	nt	
			1	81 Name				
BARNETT, JAMES C MD 1001 BONITA DRIVE				82 Street Address (P.O. Box Number is Not Acceptable) 83				
WINTE	R PARK FL 32789			63				
				84 City		FL		
or register familiar wit	ed agent, or both, in the State of Fi th, and accept the obligations of, S	orioa, Such change was authoriz ection 607.0505, Florida Statutes	ed by the o	orporation's ooa	ration submits this statement for the pur rd of directors. I hereby accept the app	oniment as reg	ng its registered office stered agent. I ann	
GIGHATORE _	Signature, typed or printed harve of reprehendia			Agred aighature rugine	d when recetating	DATE	ncorone INL+0	
12.		AND DIRECTORS	13.		ADDITIONS CHANGES TO OFF		hange Addition	
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NAME	BARNETT, JAMES C MD		1.2 NA					
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64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is volunitarily 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 roport is true and accurate and that my signature shall have the same legal effect as if made under early 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. . .

COURTON CONTRACTOR