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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000017761

1. Corporation Name

WINTER PARK AVIATION, INC.

Principal Place of Business	Mailing Address			
1001 BONITA DRIVE	1001 BONITA DRIV			
WINTER PARK FL 32789	WINTER PARK FL			

## Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90033 025 \*\*\*150.00



Principal Place	of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,				
1001 BONITA DRIVE WINTER PARK FL 32789		1001 BONITA DRIVE WINTER PARK FL 32789								
						DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed	/////	,,,,,,,		7
1					ļ	03/01/1995				1
2 Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		T A	pplied For	1
21	dec of Eddinood	26				59-3299558			ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_ \$8.75 Additional				1
22		27				5. Certifcate of Status Desired		Fee R	equired	_
City & State		City & State			_	6. Election Campaign Financing \$5.00 May Be				
23 28						Trust Fund Contribution		Added	to Fees	↓ .
Zip				У		8. This corporation owes the curre			<b>-</b>	
24	25	29 3	<u>ol</u>			Personal Property Tax.		Yes	□No	4
	9. Name and Address of Curren	t Registered Agent		4   31-		10. Name and Address of New Ro	egisterea A	gent		┨
DADA	NETT IAMES C.MD		8	i Na	ame					
	NETT, JAMES C MD BONITA DRIVE		82	2 Str	reet Addres	ss (P.O. Box Number is Not Acceptat	ole)			
	TER PARK FL 32789		8:	_					****	┨
, AAIIAI	ER FARK FL 32709		0.	3						
			84	4 Cit	ły	•	FL	85 Zip	Code	7
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	ve-nar	med corpor	ration submits this statement for the p		hanging it	s registered	1
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florid	norized by a Statute	y the c s.	corporation	's board of directors. I hereby accept	the appoin	tment as r	egistered	
SIGNATURE										}
	Signature, typed or printed name of registered ager			ent signa	ature required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE TOTAL	DIRECT	OPS IN 12	<b>∃</b> §
12.		ID'DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFF	ICENS AND	Change	[ Addition	, ;
TITLE	D BADNETT IAMES CAID	C bettere	1.2 NAME		•			•-	<del></del>	;
NAME	BARNETT, JAMES C MD		1.3 STRE		nroc					1 3
STREET ADDRESS	1001 BONITA DRIVE WINTER PARK FL 32789				(ESS)			•		
CITY-ST-ZIP	WINTER PARK FL 32/89	☐ DELETE	1.4 CITY- 2.1 TITLE					Change	Addition	1 8
TITLE			2.2 NAME							1
NAME			2.3 STRE		DESS					
STREET ADDRESS		•	2.3 STRE							
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		_			Change	☐ Addition	1
TITLE	·		3.2 NAME					•	_	
NAME	<del></del>	· ~ ·	3.3 STRE		ēršs	ني اين النياد الاين عقادة				
STREET ADDRESS			3.4. CITY-							Į
CITY-ST-ZIP	M. 40-7		4.1 TITLE		-			Change	☐ Addition	7
			4. 2 NAMI							
NAME ADDRESS			4.3 STRE	_	RESS					
STREET ADDRESS										İ
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE		_			Change	☐ Addition	7
1		_ 51	5.2 NAME					_ •	_	1
NAME OTDEET ADDOCOC			5.3 STRE		RESS					ĺ
STREET ADDRESS			5.4 CITY-							
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE					Change	Addition	7
1			6.2 NAME			100		_ •		ĺ
NAME .			6.3 STRE	-	RESS					

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP