

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030028 (1)

1. Corporation Name

JACKSON AVIATION REPAIRS, INC.



Principal Place of Business

10051 LOQUAT STREET
MIRAMAR FL 33025

Mailing Address

10051 LOQUAT STREET
MIRAMAR FL 33025

3. Date Incorporated or Qualified
04/13/1995

3a. Date of Last Report
NA

2. Principal Place of Business
21 70533 Biscayne Blvd
Suite, Apt. #, etc.
22 4-300

2a. Mailing Address

26 Same

27 City & State

28 FL

29 Zip

30 Country

4. EEI Number
65-0591006

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JACKSON, JOHN
10051 LOQUAT STREET
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name
Lana K. Glickman
82 Street Address (P.O. Box Number is Not Acceptable)
500 NW 107th Ave
83
84 City
Pembroke Pines FL 85 Zip Code
33026

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 Lana K. Glickman Secretary/Pres

4-29-96

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	PD JACKSON, JOHN	10051 LOQUAT STREET	MIRAMAR FL 33025
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President	Lana K. Glickman	500 NW 107th Ave
<input type="checkbox"/> Change <input type="checkbox"/> Addition		Pembroke Pines FL	33026
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 Block 13 if changed, or as an attachment with an address.

SIGNATURE: Lana K. Glickman Sec/Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date 1996 430-5372 Daytime Phone

CR2E034 (12/95)