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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

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02-15-1999 90037 035 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000035273**1. Corporation Name

SPACE AGE AVIATION, CORP.

Principal Place of Business Mailing Address								;	
209 S.E. 1ST TERRACE 209 S.E.		209 S.E. 1ST TERRACE						•	
		POMPANO BEACH FL 33060	PANO BEACH FL 33060			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualife			`
						05/04/1995			
Principal Place of Business 2a. Mailing Address						4. FEI Number		. Appl	lied For
2. Fillicipal Flace of Business			Tituling 7 kd 3.000			65-0577266		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Ad		
22		27			5. Certificate of Status Desired				
City & State		City & State		6. Election Campaign Financing	· 🗆	\$5.00 ₺			
23		28		Trust Fund Contribution		Added to	Fees		
Zip Country		Zip Country			8. This corporation owes the co	irrent year t	ntangible ☐ Yes 〔	□No	
24	25	29 3	0			Personal Property Tax. 10. Name and Address of New	Pagistara		-
	9. Name and Address of Curren	t Registered Agent		31 N		10. Name and Address of New	Registere	a Agent	
	TOOL ENDINE F		ļ°		lame	·			
GALLEGOS, ENRIQUE F			8	82 Street Address (P.O. Box Number is Not Acceptable)				_	
209 S.E. 1ST TERRACE			-	33			10. 145 14.		#C 1 11
POMPANO BEACH FL 33060			`	53			提供時		
			1	84 (City	The product of the second of the second		85 Zip C	ode "
l <u>.</u>	to the provisions of Sections 607.050			l_		i a la this statement for t	no purpose	of changing its a	registered
agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agents.	nt and title if applicable. (NOTE: R	Registered A			when reinstating) ADDITIONS/CHANGES TO	DATE	.	<u>-</u>
12.	OFFICERS AN	ID DIRECTORS	13.		 -	ADDITIONS/CHANGES 10 (JI I IOLINO	Change	Addition
TITLE	PSD	☐ DELETE	1.1 TITL						_
NAME	GALLEGOS, ENRIQUE F		1.2 NAN		DOE 00				}
STREET ADDRESS	209 S.E. 1ST TERRACE			REET AD					1
CITY-ST-ZIP	POMPANO BEACH FL 33060	DELETE	2.1 TITL	Y-ST-Z	<u> </u>			☐ Change	Addition
TITLE	VIU		2.2 NAN						
NAME	SETTEL, ELIZABETH F		2.3 STR		mpess				
STREET ADDRESS	209 S.E. 101 TENINOL			Y-ST-Z	i				
CITY-ST-ZIP	TOWN AND DESCRIPTION		3.1 TITL		JT			Change	Addition
TITLE	· .		3.2 NA		ļ				
NAME	-		L	REET AL	DRESS	er grande og er er er er	15 11 16	-1 (3- · · · · · · · · · · · · · · · · · · ·	供える質
STREET ADDRESS				IY-ST-Z				و کیا آھ	
CITY-ST-ZIP		☐ DELETE	4.1 TIT			A Long Cast Cast	w1 17 189	. ∴ ∷ ☐ Change ,	Addition
TITLE			4. 2 NA	ME				•	
NAME STREET ADDRESS									
	'		4.3 STF	REET AL	DDRESS				
CITY-ST-ZIP	l .			REET AL Y-ST-Z				<u> </u>	
TITLE		☐ DELETE		Y-ST-Z				Change	Addition
TITLE		☐ DELETE	4.4 CIT	Y-ST-Z LE				☐ Change	Addition
NAME		☐ DELETE	4.4 CIT 5.1 TIT 5.2 NA	Y-ST-Z LE ME				Change	Addition
	. ,	☐ DELETE	4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	Y-ST-Z LE ME REETAI IY-ST-Z	DORESS			☐ Change	☐ Addition

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TE OF SIGNING OFFICER OR DIRECTOR