SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000036239 (8)

AVIATION MODIFICATION & TECHNICAL SERVICES, INC.

ATIALI	or modification a rec	WINDAL C	LITTIOLO; II	110			
Principal Place	e of Business	Mailing Address					
26335 S.W. 127TH COURT NARANJA FL 33032		26335 S.W. 127TH COURT NARANJA FL 33032					
						3. Date Incorporated or Qualified	3a. Date of Last Report
			-· 			05/04/1995	06/15/96
· · · · · · · · · · · · · · · · · · ·	ace of Business	h	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
Suite, Apt.	# oto	[26]	te. Apt. #, etc.			65-0575527	\$8.75 Additional
22 Suite, Apr.	m, etc.	27				5. Certificate of Status Desired	Fee Required
City & State		n 1	City & State			Election Campaign Financing	\$5.00 May Be
23		28		T 6		Trust Fund Contribution	L_I Added to Fees
Zip	Country	Zip		Coun	iry	This corporation has liability for it Florida Statutes	ntangible tax under s. 199 032 Yes: No
24	9. Name and Address of Curre	29 ont Registered	l Agent	30	~··=··	10. Name and Address of New Reg	
				1	Name		
	VERIO, E					STEON N K	ETECA
- 2009 S.W.: 98TH TERRACE					Street Add	ress (P.O. Box Number is Not Acceptab るの SW 887から	NAONB
-M	IRAMAR FL-33025,			1	33	AVI QUE BUILLIA	
				_			
				[City	iami	FL 85 7ip Code 33/86
11. Pursuant	to the provisions of Sections 607 05	02 and 607.15	508. Florida Stat	tutes, the abo	ve named corp	oration submits this statement for the bu	rpose of changing its registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Si	uch change was	s authorized i	by the corporati	on's board of directors. The only accept	the appointment as registered
SIGNATURE	raliable	ETE	dA	Ĝ	tetan	1 Street	6/15/96
	Signature, typed or printed name of registered a				Agent signatury tequi		DAIF
12.	,	ND DIRECTO	RS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	PSTD		otter	1.1 DA			
NAME	WALTON, FRANK 26335 S.W. 127TH COURT				FET ADDRESS		
STREET ADORESS	NARANJA FL 33032				Y-ST-ZIP		
CITY-ST-ZIP TITLE	NANAHJA FL 33032		DELETE		E		Change Addition
NAME			2 2 NAME				
STREET ADDRESS					EFT ADDRESS		
CITY-ST-ZIP			2 4 CHY - ST - Z:P				
TITLE			DELETE 31 TITLE				Change Add-tion
NAME				3 2 NA	VIE		
STREET ADDRESS				33516	EET ADDRESS		
CITY-S1-ZIP				3.4 CI	Y-ST-ZIP		
TITLE			DELETE	4111	.F		Charige Addition
NAME				4 2 NA	MÉ		
STREET ADDRESS				4.3 ST	REET ADDRESS		
CITY-ST-ZIP					Y-ST-ZIP		
TITLE			DELETE	5 1 111			Change Addition
NAME				52 NA			
STREET ADDRESS					IEET ADORESS		
CITY-ST-ZIP		 	50,577		Y - ST - 7IP		Change Addition
TITLE			DELETE	61 111			Change Addition
NAME	{			6 2 NA	1		
STREET ADDRESS					REET ADDRESS		
CITY-ST-ZIP	by cartify that the information suppl	and with this fil	lina is valentarile		Y-SI-ZIP	ulify for the exemption stated in Section:	19 07(3)(k). Florida Statutes 1
further ce	อง certify that the information suppliertify that the information indicated c	no a wan in is iii no thua ann ial	report or supple	emental annu	al report is true	ilify for the exemption stated in Section and accurate and that my signature sha	If have the same legal effect as if

further certify that the information indicated on the 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 with a corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 fittinged, or on an attachment with an address

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/96 (305) 380-7408