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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

DOCUME 1. Corporation Nat AUMACH	ENT # P95 K AVIATION SERVICE	OOOO39328 s, Inc.	3 (6)		18/1/ 88/1/ 88/18 11/18 11/18 1/1/18 1/1/18 11/18
Principal Place of Business		Mailing Address			
760 KERRY DOWNS CIRCLE MELBOURNE FL 32940		760 KERRY DOWNS CIRCLE MELBOURNE FL 32940			
				3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Addre	ss	4. FEI Number	Applied For
Suite Act II ste		26		59-3315647	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	intangible tax under s 199.032,
24	25 Name and Address of Cu	29	30	T	No No
	Traine and Address of Co.	irent registered Agent	81 Nan	10. Name and Address of New F	Registered Agent
AHMACK	RRYANT D				
AUMACK, BRYANT D 760 KERRY DOWNS CIRCLE 82 Street Ac				et Address (P.O. Box Number is Not Acceptat	ole)
	NE FL 32940		83		
			84 City		
•					FL 85 Zip Code
11. Pursuant to the or registered as	provisions of Sections 607.0	502 and 607.1508 Thrida	Statutes, the above-named	corporation submits this statement for the punt's board of directors. I hereby accept the app	rpose of changing its registered office
familiar with, ar	ocept the obligations of	ution 607.050% Livida S	tatutes.	is board of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE	swel of the	mork	ORYAN+ D.	Aumauk	4/13/96
12.	F	agent and title if applicable. AND DIRECTORS	(NOTE: Hagistereo Agent signatu 13.		DATE
	· · · · · · · · · · · · · · · · · · ·	CEO DELEI		ADDITIONS/CHANGES TO OFF	CHS AND DIRECTORS IN 12
1 1 4		MACK	1,2 NAME		C Commige C Prodution
STREET ADDRESS	60 Kerry I	Downs Cir	1.3 STREET ADDRES	s 2	
CAY-ST-ZIP		71. 32940	1.4 CHY-\$1-7P		
TITLE 5	ecretary/-tr	easurer Delet	E 2 1 TITLE		Change Addition
NAME C	arol Auma	ck a.	· 22 NAME		
	~ ~ 1\~~ r ~ 1)	BUNG CIMA.	2 3 STREET ADDRES	s	
CITY-ST-ZIP M	elbourne, 3	1. 329 40	2.4 CITY - \$1 - 2:P		[10]
NAME		[_] I/(L()	8 3 1 TILE 3.2 NOME	· ·	Change Addition
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CITY-ST-ZIF			34 C :Y-ST-ZIP		
TITLE		☐ DELFT			Change Addition
NAME			4.2 N ME		
STREET ADDRESS			4.3 S REET ADORES	န တစ္တတ္တစ္တစ္တစ္တန္း	35950
CHY-S1-ZIP			440 V-sit 5p	° -05/23/9601(JU8030

CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished acceptify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receiver or trustee empoy appears in Block 12 or Block 13 if langed, or on a full aftiglient with address.

oes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further True and accurate and that my signature shall have the same legal effect as if made under it to execute this report as required by Chapter 607, Florida Statutes; and that my name

***200.00

SIGNATURE: 1

DELETE.

DELETE

5.3 3

6.1

6.21

63

EET ADDRESS

EET ADDRESS

r-St-ZIP

Y-ST-**Z**IP

Change

___ Change

Addition

☐ Addition 22

5.1

CR2E034 (12/95)