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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000046782 1. Corporation Name

GPR AVIATION, INC.

Principal Place of Business
1885 W COMMERCIAL
SUITE #120
ET LAHDEDDALE EL 22200

May 10, 1999 8:00 am Secretary of State

05-10-1999 90083 015 ***150.00



Principal Place of Business Mailing Address					11 10110 1101 1001		
1885 W COMM		1885 W COMMERCIAL					
SUITE #120		SUITE #120					
		FT LAUDERDALE FL 33309	T LAUDERDALE FL 33309		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 06/12/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0632947	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional	
22		27	_		5. Certificate of Status Desired	Fee R	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
D 00	S, PATRICIA F		81	Name			
		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	W COMMERCIAL				·		
	E #120		83				
FTL	AUDERDALE FL 33309		84	City	F	85 Zip	Code
44 - Diamana	to the provisions of Sections 607 0503	and 607 1508 Florida Statutes	the above	-named corn	oration submits this statement for the purpose		s registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autho	orized by	the corporation	on's board of directors. I hereby accept the app	ointment as r	egistered
SIGNATURE					DATE		
	Signature, typed or printed name of registered agent			nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	OFFICERS ANI	D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DPS CARY I					، ت	_
NAME	ROSS, GARY J		1.2 NAME				
STREET ADDRESS	2534 GOLFVIEW DR			TADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	1.4 CITY-S	1-219		[] Change	Addition
TITLE	VT	Detere	2.1 TITLE				
NAME	FAY, JOHN M III		2.2 NAME				
STREET ADORESS	,		2.3 STREET	i i		_	
CITY-ST-ZIP			2. 4 CITY- S	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE			onango	
NAME			3.2 NAME	ı			}
STREET ADDRESS	l			- 4800564			I I
CITY-ST-ZIP			3.3 STREET	TADORESS			
			3.3 STREET 3.4. CITY-S				□ Addition
TITLE		☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE			Change	☐ Addition
TITLE NAME		☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET	ST-ZIP T ADDRESS		☐ Change	☐ Addition i
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TITLE NAME STREET ADDRESS		☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ST-ZIP T ADDRESS		Change	_
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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. CITY-ST-ZIP

SIGNATURE: