

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000067316

1. Corporation Name

AVIATION SAFETY TECHNOLOGIES, INC.

Principal Place of Business

383 INTERSTATE BLVD  
SARASOTA FL 34240  
US

Mailing Address

4056 ARROW WAY  
SARASOTA FL 34232  
US

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90019 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1995

4. FEI Number

65-0607573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 7700 Rusty Hook CT.

Suite, Apt. #, etc.

27

City & State

28 HUDSON, FLORIDA

Zip

29

Country

30

USA

9. Name and Address of Current Registered Agent

GANTHER, JAMES S  
101 E KENNEDY BLVD  
BARNETT PLAZA, STE 1030  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME FESTINO, RAYMOND  
STREET ADDRESS 5713 FORESTER LAKE DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE  
NAME BOROWSKI, STEPHEN  
STREET ADDRESS 3591 MT ALVAREZ AVE  
CITY-ST-ZIP SAN DIEGO CA

TITLE ~~V~~ ☒ DELETE  
NAME ~~GOLDSTEIN, ANNA~~  
STREET ADDRESS ~~4530 SAN SIRO DRIVE~~  
CITY-ST-ZIP ~~SARASOTA FL~~

TITLE V ☐ DELETE  
NAME CARROLL, STEPHEN G  
STREET ADDRESS 4846 HAMLETS GROVE DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition  
1.2 NAME (TITLE Change only)  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE P ☒ Change ☐ Addition  
2.2 NAME BOROWSKI, STEPHEN  
2.3 STREET ADDRESS 708 E. MELBOURNE AVE  
2.4 CITY-ST-ZIP MELBOURNE, FL 32901

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME (DELETE)  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan/99 (727) 861-3531  
Date Daytime Phone #

CR2E034 (11/98)

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