

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90011 008 \*\*\*150.00

DOCUMENT # P95000075249

1. Corporation Name  
ASSIST AVIATION, INC.

Principal Place of Business  
1401 NW 62ND STREET  
FORT LAUDERDALE FL 33309  
US

Mailing Address  
P.O. BOX 810993  
BOCA RATON FL 33481-0993  
US

(SEE BLOCK 12)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1995

4. FEI Number  
65-0623602

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 2003 NW 62ND STREET

26 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 103

27

City & State

City & State

23 FT. LAUDERDALE, FL

28

Zip Country

Zip Country

24 33309

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINK, BRIAN L  
1700 ALFRED I. DUPONT BLDG.  
169 EAST FLAGLER STREET  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DANYLUK, ROBERT A

STREET ADDRESS ~~1401 NW 62ND STREET~~

CITY-ST-ZIP FORT LAUDERDALE FL 33309

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2003 NW 62ND STREET, SUITE 103

TITLE VSTD ☐ DELETE

NAME DANYLUK, CAROL A

STREET ADDRESS ~~1401 NW 62ND STREET~~

CITY-ST-ZIP FORT LAUDERDALE FL 33309

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2003 NW 62ND STREET, SUITE 103

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

SIGNATURE:

ROBERT A. DANYLUK PRESIDENT

1/5/99 (954) 493-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0374217