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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000082030 (4)

AIRCRAFT PROFESSIONALS, INC.

Principal Place of Business Mailing Address 7041 S.W. 42ND PLACE 7041 S.W. 42ND PLACE										
DAVIE FL 33314 DAVIE FL 33314-3144				3. Date Incorp			3. Date Incorporated or Qualified	ated or Qualified 3a. Date of Last Report		
							10/25/1995	04	/05/1996	
2. Principal Place of Business 28. Mailing Address							4. FEI Number			plied For
21 7501 Pembroke Rd. 26							65-0626697			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	
27     27							6. Election Campaign Financing		\$5.00	
23 Pembroke Pines, FL. 28							Trust Fund Contribution		Added to	
Zip   Country   Zip			Cc	Country			8. This corporation has liability for		e tax under s.	199.032,
24 3306		29	30						□ No	
	9. Name and Address of Current	t Registered Agent		81	N		10. Name and Address of New R	agistered	Agent	
YUNGUNIEN, NICHAND A					Name	е		:		
7041 S.W. 42ND PLACE				82	Stree	t Address (P.O. Box Number is Not Acceptable)				
DAV	IE FL 33314			83						
				84	City			FL	85 Zip (	Code
agent Lar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation of the state	ntions of, Section 607 0505, Flor Richard Papersable (NOT D DIRECTORS	orida St 9. <i>Ve</i>	atutes on G red Age	s. Sunte	e.N	Pics i den + when reinstating) ADDITIONS/CHANGES TO OFFI	/ - / S	7-97 D DIRECTOR	IS IN 12
TILLE	D	☐ DELETE	1.1	TITLE					Change	Addition
NAME	VONGUNTEN, RICHARD A			NAME						
STREET ADDRESS	% 7041 S.W. 42ND PL DAVIE FL 33314				REET ADDRESS					
C TY-ST-ZIP	DAVIC FL 33319	DELETE		I CITY-ST-ZIP		<del> </del>			Change	Addition
NAME				NAME			, ·			
STREET ADDRESS	1		1		ADDRESS	s				
CITY-S1-ZIP			2. 4	CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1	3.1 TITLE					Change	☐ Addition
NAME			3.2	NAME						
STREET ADDRESS			3 3	STREET	t address	s				
CITY-ST-ZIP		C DSC F76	~~~~		ST-ZIP	<del></del>			Change	Addition
TITLE		DELETE.	4.1 TITLE 4.2 NAMI						Change	TT MODITION
NAME										
STHEET ADDRESS					T ADDRESS	٥				
CITY-ST-ZIP TITLE				CITY-S	51-ZP	<del> </del>			Change	Addition
NAME				NAME					2.101.00	
STREET ADDRESS					T ADORES	s				
CITY ST-ZIF				CITY-						
TITLE DELT				6.1 TITLE					Change	Addition
NAMF			6.2	6.2 NAME						

14. Ldo 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 suppliemental 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

6.4 CITY - \$T - 7IP

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS

CHY-SY-ZIP

bord VON GUNTEN 1-13-97 (954)964-3684