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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088404 (5)

AIRPARKS AVIATION INC.

Principal	Place of	Business	•
			٠.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

9. Name and Address of Current Registered Agent

1525 8 ANDREWS AVE STE 216 FT LAUDERDALE FL 33316

2. Principal Place of Business

25

1525 S ANDREWS AVE STE 216

FT LAUDERDALE FL 33316

CORPAMERICA INC.

Suite, Apt. #, etc.

City & State

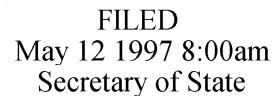
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Zip

1525 S ANDREWS AVE STE 216 FT LAUDERDALE FL 33316-2548



3. Date Incorporated or Qualified	3a. Date of Last Report			
11/17/1995				
4. FEI Number		_	Applied For	
65-0633038			Not Applicable	
5. Certificate of Status Desired			75 Additional e Required	
Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees	
8. This corporation has liability for in Florida Statutes	intangibl JYes	e tax und	er s. 199.032,	
10. Name and Address of New Re	gistered	Agent		

1. 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.

Country

81 Name

83 City

Street Addi

30

SIGNATURE Signature, typed or profind name of registered agent and tide if applicable (NOT). Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE	Change Additi			
NAME	HEYNE, CAESAR		1.2 NAME				
STREET ADDRESS	P.O. BOX 606, N/A		1.3 STREET ADDRESS				
CITY-ST-ZIP	FRUITLAND PARK FL 34731		1.4 CITY - ST - ZIP				
TITLE	SD	DELETE	2.1 TITLE	☐ Change ☐ Additi			
NAME	COCHERET, JAN		2 2 NAME				
STREET ADDRESS	P.O. BOX 606, N/A		2.3 \$TREE1 ADDRESS				
CITY-ST-ZIP	FRUITLAND PARK FL 34731		2 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	Change Addit			
NAME			3.2 NAME	$\Phi_{ij} = 2$			
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4. ÇITY - \$1 - ZIP				
TITLE		☐ DELETE	4 1 TITLE	Change Addit			
NAME	·		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 City-St-Zip				
TITLE		☐ DLEFTE	5.1 TITLE	☐ Change ☐ Additi			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
City-St-ZIP			5.4 C(TY-S1-Z(P				
TITLE		DELETE	6.1 THTLE	Change			
NAME	ļ		62 NAME				
STREET ADDRESS	(6.3 STREET ADDRESS				
CITY-ST-7IP	1		64 CDY-ST-ZIP	•			

I do hereby certify that the information supplied of 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 of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation of the receiver of the recei

SIGNATURE

4-28-97