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 # P9600022473

1. Corporation Name

HOOVER AIRCRAFT PRODUCTS, INC.

Principal Place	of Business	Mailing Address	<u>.</u>					
7260 NW 68 STREET 7260 NW 68 STREET MIAMI FL 33166 MIAMI FL 33166					DO NO	T WRITE IN THIS S	SPACE	
					3. Date incorporated or QI 03/06/1996	ıalifed		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			13-2749292		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certifcate of Status Des	ired 🗆	\$8.75 A	
City & State)	City & State			6. Election Campaign Fina Trust Fund Contribution		\$5.00 M	
Zip	Country	28	Coun	ntrv	This corporation owes t			
⊢ '	25	- ├-¬ ' -	30	•	Personal Property Tax.			□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of	New Registered A	gent	
GAMMILL, WARREN P 1101 BRICKELL AVE STE 1700				81 Name 82 Street	Address (P.O. Box Number is Not / 200 S. BISCAUNE	athet Acceptable)		
MIAMI FL 33131				83	(le 1800		-	
			l	84 City	Miami	FL	85 Zip C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on In familiar with accept the obligat	of Florida, Such change was all	monzea	by the corbo	corporation submits this statement pration's board of directors. I hereb	y accept the appoin		registered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	Agent signature re	equired when reinstating)	1)12)49		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	D	☐ DELETE 1.11		Æ			Change	☐ Addition
NAME			1.2 NAM	ME				
STREET ADDRESS	7260 NW 68 STREET		1.3 STF	REET ADDRESS				
CITY-ST-ZIP			1.4 CIT	Y-ST-ZIP				
TITLE	D	☐ DELETE 2.1		LE			Change	Addition
NAME	SCOVOTTI, CHRISTOPHER		2.2 NAN	ME				ļ
STREET ADDRESS	7260 NW 68 STREET		2.3 STR	REET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166			ry-st-zip	,			
TITLE		☐ DELETE 3		LE	-	•	Change	☐ Addition
NAME			3.2 NAM	ME				}
STREET ADDRESS			3.3 STF	REET ADDRESS		*		
CITY-ST-ZIP			_	ry-ST-ZIP			<u> </u>	- April di State
TITLE		☐ DELETE	4.1 TITL	LE			Change	☐ Addition
NAME			4. 2 NA					
STREET ADDRESS				REET ADDRESS				\
CITY ST 7ID			4.4 CIT	Y-ST-71P				

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 affactment without address. With all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

WILL RETRACED TE TECH

THE NAME OF SURING OFFICER OR DIRECTOR

DELETE

☐ DELETE

2/99 (301)888979

☐ Change

Change

☐ Addition

Addition

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90026 031 ***150.00

CR2E034 (11/98)