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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000031906 (6)**

1. Corporation Name

**MADEIRA AIRCRAFT SUPPLY, INC.**



Principal Place of Business <b>15318 HARBOR DRIVE MADEIRA BEACH FL 33708</b>	Mailing Address <b>15318 HARBOR DRIVE MADEIRA BEACH FL 33708-1821</b>
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3. Date Incorporated or Qualified <b>04/11/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>7381-114th Ave. North</b> Suite, Apt. #, etc. 22 <b>Suite 403A</b> City & State 23 <b>Largo, FL</b> Zip 24 <b>33773</b>	2a. Mailing Address 25 <b>P.O. Box 8475</b> Suite, Apt. #, etc. 27 City & State 28 <b>Madiera Beach, FL</b> Zip 29 <b>33738-8475</b>	4. FEI Number <b>EIN 59-3401745</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name <b>Deborah Friddle</b>	85 Zip Code <b>33708</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15318 Harbor Dr.</b>	
83	
84 City <b>Madiera Beach, FL</b>	

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 *Deborah Friddle*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **03/19/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD PENKAVA, ETHEL 15318 HARBOR DRIVE MADEIRA BEACH FL 33708</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PSTD William E. Penkava 4933 Washington St. Hollywood, FL 33021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, "Officers and Directors," or on a list attached with an address.

\* SIGNATURE: *William E. Penkava*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 954-983-7439  
Date Daytime Phone #

CR2E034 (9/96)