

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000033568**

1. Corporation Name

JR'S AIRCRAFT INTERIORS, INC.

Principal Place of Business

**6000 N.W. 28TH AVE.
FT. LAUDERDALE FL 33309**

Mailing Address

**6000 N.W. 28TH AVE.
FT. LAUDERDALE FL 33309**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90020 017 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

65-0677382

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 1020 NW 62ST

26 1020 NW 62ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HANGER 11

27 HANGER 11

City & State

City & State

23 FT LAUDERDALE

28 FT LAUDERDALE

Zip

Country

Zip

Country

24 33309

25 U.S.A

29 33309

30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUNN, J S
2455 EAST SUNRISE BLVD.
SUITE 905
FT. LAUDERDALE FL 33304**

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 **D** ☒ DELETE
NAME **CAMPBELL, ALPHONSO** Address
STREET ADDRESS **4761 3RD COURT N.W.**
CITY-ST-ZIP **PLANTATION FL 33317**

1.1 TITLE **CAMPBELL, ALPHONSO** ☒ Change ☐ Addition
1.2 NAME **4862 NW 171 TERR**
1.3 STREET ADDRESS **MIA FL 33157**
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CAMPBELL, EVERTON** Address
STREET ADDRESS **4761 3RD COURT N.W.**
CITY-ST-ZIP **PLANTATION FL 33317**

2.1 TITLE **4862 NW 171 TERR** ☒ Change ☐ Addition
2.2 NAME **MIA FL 33157**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/09/99

954 491 0255

CR2E034 (5/99)

0063476