

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000050559 (9)**

1. Corporation Name

SIGNATURE FLIGHT SUPPORT - NEW YORK, INC.



Principal Place of Business

Mailing Address

**201 S. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

**201 S. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801-3478**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/13/1996

3a. Date of Last Report

NEW

4. FEI Number

59-3388981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
DODSON, RICHARD**
STREET ADDRESS **201 S. ORANGE AVE., STE. 1100**
CITY - ST - ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE

NAME **VTD
HASKINS, ELIZABETH A**
STREET ADDRESS **201 S. ORANGE AVE., STE. 1100**
CITY - ST - ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE

NAME **SD
MOKRIS, PAUL J**
STREET ADDRESS **201 S. ORANGE AVE., STE. 1100**
CITY - ST - ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE

NAME **V
VAN ALLEN, BRUCE S**
STREET ADDRESS **201 S. ORANGE AVE., STE. 1100**
CITY - ST - ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

Paul J. Mokris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Mokris, Secretary

05/01/97

Date

(407) 648-7200

Daytime Phone #

CR2E034 (9/96)

**SIGNATURE FLIGHT SUPPORT
CORPORATE OFFICERS**

Business Address: 201 South Orange Avenue, Suite 1100
Orlando, Florida 32801

<u>Name:</u>	<u>Title:</u>	<u>Social Security #:</u>	<u>Home Address:</u>
Richard Dodson	President & CEO	055-32-8807	351 Vista Oak Drive Longwood, FL 32779
Elizabeth A. Haskins	Sr. VP/CFO/Treasurer	039-34-7501	418 River Drive DeBary, FL 32713
Bruce S. Van Allen	Vice-President	261-33-3838	8550 Lost Cove Drive Orlando, FL 32819
Paul J. Mokris	Secretary	280-62-3198	1410 Poinsettia Street Orlando, FL 32804

S:\OFFICER.XLS

**SIGNATURE FLIGHT SUPPORT
CORPORATE DIRECTORS**

Business Address: 201 South Orange Avenue, Suite 1100
Orlando, Florida 32801

<u>Name:</u>	<u>Home Address:</u>
Richard Dodson	351 Vista Oak Drive Longwood, FL 32778
Elizabeth A. Haskins	418 River Drive DeBary, FL 32713
Paul J. Mokris	1410 Poinsettia Street Orlando, FL 32804