

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

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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064918 (1)**

1. Corporation Name:
SURPLUS AVIATION, INC.

Principal Place of Business

**8550 NW 25TH STREET
SUNRISE FL 33351**

Mailing Address

**8550 NW 25TH STREET
SUNRISE FL 33322-2938**

3. Date Incorporated or Qualified 08/02/1996	3a. Date of Last Report
4. FEI Number 65-0691735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent
MAISEL, GARY S 600 SOUTH ANDREWS AVENUE STE 600 FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	1.1 TITLE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	HEATH, RYAN	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	8550 NW 25TH STREET	1.3 STREET ADDRESS			
CITY- ST- ZIP	SUNRISE FL 33351	1.4 CITY- ST- ZIP			
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAVITZ, BARNETT	2.2 NAME			
STREET ADDRESS	1523 GRANT STREET	2.3 STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD FL 33020	2.4 CITY- ST- ZIP			
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY- ST- ZIP		3.4 CITY- ST- ZIP			
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY- ST- ZIP		4.4 CITY- ST- ZIP			
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY- ST- ZIP		5.4 CITY- ST- ZIP			
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY- ST- ZIP		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: *Barnett Kravitz* Pres. *2/19/97* *x954-741-1707*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)