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

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PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zıp



DOCUMENT # P96000065450

AMERICAN AVIATION SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

25

PEMBROKE PINES FL 33029

SOVERNS, RICKKI D 321 NW 201 AVE

Principal Place of Business	Mailing Address	
321 NW 201 AVE PEMBROKE PINES FL 33029	321 NW 201 AVE PEMBROKE PINES FL 33029	

NO.	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Apr 20 1998 8:00am Secretary of State					
06	65450 (4))									
IC.											
						T TO A THOUGH THE TOLLE CLULL PARK ARKY ARKY ARKY ARKY ARKY ARKY	KK afar i akki aali krak				
	ailing Address										
321 NW 201 AVE PEMBROKE PINES FL 33029						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified					
						08/05/1996					
2a.	Mailing Address					4. FEI Number	Applied For				
26						65-0699893	Not Applicable				
27	Suite, Apt. #, etc.	<u> </u>				5. Certificate of Status Desired S8.75 Additional Fee Required					
,	City & State					6. Election Campaign Financing \$5.00 May Be					
28						 	Added to Fees				
_	Zip		untry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No.					
29	ered Agent	30	т			Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agen					
y is t	toled Ageilt		61	Name		10. Hamo and Addiese of from hogistorod Agen	•				
			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)					
			83								
			84	City		FL 85	Zip Code				
lorid	07,1508, Florida Statute la. Such change was a Section 607,0505, Flo	ulhorize	id by	the corp	corpo poratio	vation submits this statement for the purpose of char on's board of directors. I hereby accept the appointm	nging its registered ent as registered				
			o Age	nl signature	required	d whon reinstating) DATE					
REC	TORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRI	ECTORS IN 12				
	☐ DELETE	1.1 TI		ĺ		[] t	thange 🗆 Addition 😫				
		1.2 N					ECTORS IN 12 thange Addition 17 Addition 17 Addition				
		1.3 \$	TREET	ADDRESS			ļŭ				
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		22 N									
				ADDRESS							
		240	ITY - S	ST-ZIP	L						

11. Pursuant office or a agent La	to the provisions of Sections 607.0502 and 607.1508, Floi registered agent, or both, in the State of Florida. Such cha im familiar with, and accept the obligations of, Section 60.	rida Statutes, Inge was autl 7.0505. Florid	the above-named horized by the corp la Statutes	l corporation submits this poration's board of direct	statement for the purpose of lors. I hereby accept the app	changing it ointment as	ts registered registered
SIGNATURE							
0.0	Signature, typed or printed name of registrood agent and little if applicable	(NOT£ R	egisterno Agent signature	required whon reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/C	HANGES TO OFFICERS AND		
TITLE	_	DELETE	1.1 TITLE			Change	Addition
NAME	SOVERNS, RICKKI D		1.2 NAME	Į.			
STREET ADORESS	321 NW 201 AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY - ST - ZIP				
TITLE		DELETE	2 1 TITLE			Change	Addilion
NAME			22 NAME	!			
STREET ADDRESS			2.3 STREET ADDRESS]			
CITY-ST-ZIP			2 4 CITY-ST-ZIP	<u></u>			
THILE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP	<u> </u>		44 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREET ADDRESS	1			
City-St-ZiP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY - ST - ZIP	[

14. I heroby 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 supplierrental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attrachment with an address

SIGNATURE:

4-6-98 954-450-7050 Date Daylinio Priore 1 0165942