## FILED May 11, 1999 8:00 am Secretary of State 05-11-1999 90027 041 \*\*\*150.00

## **PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

| ·   | 1999   | Bivision of co  | RPORATIONS   |   |   |
|---|--|---|--|---|---|
| 1. Conporation  | MENT # <b>P960000</b> ON AVIATION, INC.  | 070653  |  |   |   |
|   |  |   |  |   | I HANGE ETRICO SELLADO QUI O O DUDO FRANCE  |
| Principal Place   | e of Business  | Mailing Address   |  |   |   |
|   | ORT CENTER DR  | 1111 W NEWPORT CENTER D   |  | Į.  |   |
| DEERFIELD BEA   | ACH FL 33442   | DEERFIELD BEACH FL 33442<br>US  |  | DO NOT WRITE IN THIS  | S SPACE   |
| บร  |  | US  |  | 3. Date Incorporated or Qualifed  |   |
|   |  |   |  | 08/23/1996  |   |
| 2. Principal Pl   | lace of Business   | 2a. Mailing Address   |  | 4. FEI Number   | Applied For   |
| 21/875  | 1 SE CROSSWIND   | 26 18751 50   | وندربه ليدعكم  | 65-0703171  | Not Applicable  |
| Suite, Apt.   |  | Strite, Apt. #, etc.  |  | 5. Certificate of Status Desired  | \$8.75 Additional   |
| 22  |  | 27  |  | 5. Certificate of Status Desired  | Fee Required  |
| City & State  |  | . City & State  |  | 6. Election Campaign Financing  | \$5.00 May Be   |
| 23 7 %  | The R  | 28 240.16   |  | Trust Fund Contribution   | Added to Fees   |
| Zip   | Coghtry  | Zip   | Coupilly   | 8. This corporation owes the current year In  |   |
| 24 334  | 78 25 6 Ben  | 100   | o to Con Bu  |   | Z Yes □No   |
|   | 9. Name and Address of Current   | Registered Agent  |  | 10. Name and Address of New Registered  | Agent   |
| LIOP  | MICTER MICHAEL D   |   | 81 Name  | sventu fosch  |   |
| HORNSTEIN, MICHAEL B  |  |   |  | ddress (P.O. Box Number is Not-Acceptable)  |   |
| I   | W NEWPORT CENTER DR  |   |  | 8751 JE CROSSWIN  | <u> </u>  |
|   | te 2500<br>Rfield Beach Fl 33442   |   | 83   |   | 1   |
|   | NITELD DEACH I'L 33442   |   | 84 City  |   | 85 Zip Code   |
| \   |  |   |  | y.Tec Fl  |   |
| 11. Pursuant  | to the provisions of Sections 607.0502   | and 607.1508, Florida Statutes,   | , the above-named d  | torporation submits this statement for the purpose of   | intment as registered   |
|   |  |   |  |   |   |
| agent. La   | m familiar will and accept the obligation  | ons of, Section 607.0505, Florid  | la Statutes.   | agon's board of directors, Friendly accept the appli  | /   |
| )   | X A  | VICE  | برسد.<br>-   | orporation submits this statement for the purpose or<br>ration's board of directors. I hereby accept the appo | <del>97</del>   |
| SIGNATURE   | Signature, types or printed name of registered agent   | and blie if applicable. (NOTE: Ri   | agistered Agent signature re-  | quired when reinstating) OATE   | <del>97</del>   |
| SIGNATURE   | Signature, types or printed name of registred agent OFFICERS AND   | and title if applicable. (NOTE: Re  | agistered Agent agnature red   |   | <del>97</del>   |
| SIGNATURE 12.   | Signature, types or printed name of registrated agent OFFICERS AND   | and title if applicable. (NOTE: Ru ) DIRECTORS  | egistered Agent signature rec<br>13.   | quired when reinstating) OATE   | <del>97</del>   |
| SIGNATURE  12.  TITLE  NAME   | Signature, types or printed name of registrated agent OFFICERS AND DPST SCHWEMBERGER, SWAROVSKI  | and title if applicable. (NOTE: Ru D DIRECTORS  | agistered Agent signature red 13. 1.1 TITLE 12 NAME  | quired when reinstating) OATE   | <del>97</del>   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | Signature, type or portion name of registred agent OFFICERS AND DPST SCHWEMBERGER, SWAROVSKI 1111 W NEWPORT CENTER DR  | and title if applicable. (NOTE: Ru D DIRECTORS  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  | quired when reinstating) OATE   | <del>97</del>   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, type or printed name of registred agent OFFICERS AND DPST SCHWEMBERGER, SWAROVSKI 1111 W NEWPORT CENTER OR DEERFIELD BEACH FL 33442   | and title if applicable. (MOTE: Ru) DIRECTORS DELETE C IVE  | agistered Agent agnature rad<br>13.<br>1.7 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CTY-ST-ZIP   | quired when reinstating) OATE   | ND DIRECTORS IN 12  |
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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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental panual 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 of the resolver 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 a stackment with an address, with all other like empowered.

SIGNATURE: \_