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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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May 15 1997 8:00am

Secretary of State

0133776

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093683 (6)

JOSEPH AVIATION ENTERPRISE INC.

D.d			Autor						
Principal Place of Business ### Mailing Address #### ### COURT PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 Mailing Address ##################################				1-3331					
						3. Date Incorporated or Qualified 11/12/1996	3a. Dat	e of Last R	leport
η ·	lace of Business	 	ng Address			4. FEI Number 65-07/40	49		pplied For
21 Suite, Apt	#, etc	26 Suite	e, Apt. #, etc.	,	·····		<u> </u>		ot Applicable Additional
22		27				5. Certificate of Status Desired	ЦИ		equired
City & State	e		& State			6. Election Campaign Financing			May Be
23] Z ip	Country	28 Zip		Count	ru	Trust Fund Contribution			to Fees
24	25	29		30	· • ·	8. This corporation has liability for Florida Statutes		ax under s No	i. 199.032,
<u></u>	9. Name and Address of Cu			L		10. Name and Address of New R			
	EPH, GLENN E			8	1 Name				
	N.W. 24TH COURT			8	2 Street A	Address (P.O. Box Number is Not Accepta	ble)		
PEM	IBROKE PINES FL 33024			ļ_					
				8	3				
•				8	4 City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 15	08 Florida Statute	s, the abo	ve-named o	corporation submits this statement for the		changing i	ts registered
SIGNATURE	iri) familiar with, and accept the o	ed agent and the if apple	cable (NOTE	: Registered A		required when reinstaling!	DATE		
12.	OFFICERS	S AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFI			
THILE	GLENN JOSEP	1+	DELETE	1.1 TITLE	i			Change	Addition
NAME	PRESIDENT	A FAITH	DOISE TAKE	1,2 NAM	}				
STREET ADDRESS	8600 NW 24 CT	PEMLONYE !	DING FLUO	1,3 5182	ET ADDRESS				
CITY - ST - ZIP TOLE		· Caribanage	DELETE	1.4 CITY 2.1 TITLE			,	Change	Addition
NAME				22 NAM	E			_ •	
SUBSET ADORESS				2.3 STRE	ET ADDRESS	,			
C(1Y+S1+Z)P				2. 4 CITY	·ST-ZIP				
TILLE			DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAM	E .				
STREET ADDRESS					ET ADDRESS				
CITY - ST - ZiP			DELETE		-ST-ZIP			Change	Addition
TITLE			C Deterie	4.1 TITLE	1			La Change	LJ Addition
NAME STREET ADDRESS				4 2 NAM	ET ADDRESS				
CITY-ST-ZIF				4.4 CITY					
TILE			DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAM	E]			-	
STHEET ADDRESS				5.3 STRE	ET AODRESS				
CITY - \$1 - ZIP				5.4 City	- \$T - ZIP				
TITEE			DELETE	6.1 TITLE	· 7			☐ Change	Addition
_NAME				62 NAM	E				
STREET ADDRESS				6.3 STAR	ET ADDRESS				
-CITY-ST-ZIF				6.4 CITY					
informatic informatic l am an o appears i	by certify that the information sup on indicated on this annual repo- officer or director of the corporation in Block 12 or Block 13 if change	pplied with this fill to supplemental or or the receiver d, or on an attach	ny does not quality ankual report is tri or trustee empowe ament with an add	y for the el ue and ac ered to ex- reds	xemption st curate and ecute this re	lated in Section 119.07(3)(i), Florida Statut that my signature shall have the same legeport as required by Chapter 607, Florida	es. i lurtner pal effect as Statutes; ar	dering that if made un id that my	i me ider oath; tha name