FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90021 010 ***150.00

DOCUMENT # P97000001213

1. Corporation Name

25 Brevard

9. Name and Add ess of Current Registered Agent

Principal Place of Business	Mailing Address				
one air Cargo Place. #4 Melbourne international airport Melbourne fl 32901	ONE AIR CARGO PLACE. #4 MELBOURNE INTERNATIONAL AIRPORT MELBOURNE FL 32901				
2. Principa Place of Business One Air Cargo Place	#1 2a. Mailing Address 26 P.O. Box 6205				

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DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed

> Applied For Not Applicable \$8.75 Additional

5. Certificate of Status Desired 6. Election Campaign Financing

Fee Recuired \$5,00 May Be

Trust Fund Contribution 8. This corporation owes the current year Intangible

Added to Fees

Personal Property Tax. 10. Name and Address of New Registered Agent

01/06/1997 4. FEI Number

59-3423368

Yes

O'BRIEN, JAMES M 1686 WEST HIBISCUS BLVD. MELBOURNE FL 32901

Melbourne t

81	Name									
82	Street Ad	dress (P.O. Box	Num	ber is N	ot Accept	able)				
83		_								
84	City						 =_	85	Zip Co	de

office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	ં Florida. Such change was કાય	thorized by the corporati	poration submits this station's board of cirectors.	tement for the purpose I hereby accept the ap	pointment as reg	istered
SIGNATURE	Signature, typed or printed har he of registered agent	A Side if and askin	Registered Agent signature require	nd when remetating)	DATE		
12.	Signature, typed or printed har he or registered agent OFFICERS AND		13.		NGES TO OFFICERS		S IN 12
TITLE	D	□ DELETE	1.1 TITLE			Change	Addition
NAME	JORDAN, JOHN		1.2 NAME				
	5316 MILLSTREAM DRIVE		1.3 STREET ADDRESS				
STREET ADDRESS	ST. CLOUD FL 34771		4				
CITY-ST-ZIP	51. CLOUD FL 34//1		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
TITLE	COCODE DOSEDI	□ octric					_
NAME	GROPPE, ROBERT		2.2 NAME				
STREET ADDRESS	8000 PINE NEEDLE LANE	,	2.3 STREET ADDRESS				
CITY-ST-ZIP	W. MELBOURNE FL 32904		2 4 CITY-ST-ZIP			Change	Addition
TITLE	VP	DELETE	31 TITLE			Change	[_] Addition
NAME	HICKS, WOODY		3 2 NAME				
STREET ADDRE: S	1504 O BERLIN TERRACE		3.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32746		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			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
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			6.4 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 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 receipt to purplemental 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 receipt to purple empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 1.3 if changed, or em an attaching with an address, with all other like empowered.

SIGNATURE: