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Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006823 (3)

1. Corporation Name

PROFESSIONAL AIRCRAFT ACCESSORIES, INC.



Principal Place of Business

300 W. SERVICE ROAD
WASHINGTON-DULLUS INTERNATIONAL AIRPORT
WASHINGTON DC 20041

Mailing Address

P.O. BOX 20260
WASHINGTON DC 20260
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 45025 Aviation Dr.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Dulles, VA

Zip

24 20166-7556

Country

25

2a. Mailing Address

26 45025 Aviation Dr.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Dulles, VA

Zip

29 20166-7556

Country

30

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

58-2294305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600002547606

83

-06/04/98--01033--047

84 City

***800.00

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

22 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

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 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.

CR2E034 (10/97)