

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90129 018 ***150.00

DOCUMENT # P97000006823

1. Corporation Name

PROFESSIONAL AIRCRAFT ACCESSORIES, INC.

Principal Place of Business

45025 AVIATION DR.
SUITE 300
DULLES VA 20166-7556

Mailing Address

45025 AVIATION DR.
SUITE 300
DULLES VA 20166-7556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

59-2194305

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3400 Lillian Blvd

Suite, Apt. #, etc.

22 City & State

23 Titusville, FL

Zip Country

24 32780 25 BREVARD

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

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)

83

84 City

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
P	JONES, TERRY	3400 LILLIAN BLVD.	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
VD	PERSAVICH, WARREN D	45025 AVIATION DR., STE. 300	DULLES VA 20166-7556	<input type="checkbox"/>
VS	JURIS, EUGENE VI	45025 AVIATION DR., STE. 300	DULLES VA 20166-7556	<input type="checkbox"/>
T	LOUGH, BRADLEY T	45025 AVIATION DR., STE. 300	DULLES VA 20166-7556	<input type="checkbox"/>
D	CHASTAIN, THOMAS J JR	4694 AVIATION PARKWAY, SUITE K	ATLANTA GA 30349-6024	<input type="checkbox"/>
D	COX, JERRY E	4694 AVIATION PARKWAY, SUITE K	ATLANTA GA 30349-6024	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
P	Robert Bial	3400 Lillian Blvd.	Titusville, FL 32780	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
T/B				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley T. Lough

Date

(703) 473-5908

Daytime Phone #

CR2E034 (11/98)