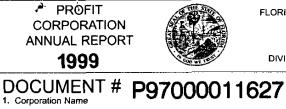
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

AIRSPORTS AVIATION., INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90116 008 \*\*\*150.00

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Principal Place	e of Business	Mailing Address			ļ				
11475 ROCKET BLVD. ORLANDO FL 32824		11475 ROCKET BLVD. ORLANDO FL 32824						55455	
						DO NOT WE		SPACE	
						<ol> <li>Date Incorporated or Qualifer 02/03/1997</li> </ol>			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	oplied For
21		26			59-3423437		□ N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				E Cadifacta of Status Desired		\$8.75	Additional
22		27	27			5. Certificate of Status Desired		_ Fee,R	equired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the cu	rrent year Int	angible	
24	25	29 3	0			Personal Property Tax.		Yes	X No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New	Registered	Agent	
FRSI	ER, N A			81 Na	<sup>me</sup> Nor	man A. Fraser			
	5 ROCKET BLVD				eet Addres	s (P.O. Box Number is Not Accepted Lindsay <del>Drive</del>	table)	<b>Y</b>	
ORLANDO FL 32824				83		0 BOX 45006			
			}	84 Cit		simmee	FL	85 Zip	Code 7 4 5
		500 1 CO7 4500 Fl	tha ab		and normar	otion submits this statement for th			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	te of Florida. Such change was aut	horized	by the c	orporation	s board of directors. I hereby according	ept the appoi	ntment as re	egistered
agent. I ar	n familiar with and accept the oblig	gations of, Section 607.0505, Florid	ia Statu	nes.					
SIGNATURE	000 5- 16m		PRE				DATE	<u>30-9</u>	7
	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Agent signa	rure required w	ADDITIONS/CHANGES TO O		ID DIRECTO	ORS IN 12
12.	PT OFFICERS F	DELETE	1.1 TIT	) F		ABBITORIS/OTIVITOES TO O	THOENO 71	Change	Addition
TITLE	* *	220000	1.2 NA					_, ,	_
NAME	COLEGROVE, M J		1		Tee				
STREET ADDRESS	29623 OLD DIXIE HWY		1	REET ADDR	.550				}
CITY-ST-ZIP	KISSIMMEE FL 34774	☐ OELETÉ	2.1 TIT	Y-ST-ZIP	-   P/	TITLE TO THE TITLE		Change	Addition
TITLE	VP\$		4		- 1	orman A. Fraser		L.A	
NAME	FRASER, N A		2.2 NA		1				}
STREET ADDRESS	11475 ROCKET BLVD			REET ADOR		24 Lindsay Dri			
CITY-ST-ZIP	ORLANDO FL 32824	CI DOLETE		TY-ST-ZIP	_   <u>Or</u>	clando, FL 347	44	Change	Addition
TITLE		☐ DELETE	3.1 TIT					Criminge	[ Addition
NAME			3.2 NA						
STREET ADDRESS				REET ADDR	ESS				
CITY-ST-ZIP				TY-ST-ZIP				Change	- Addition
TITLE		☐ DELETE	4.1 TIT					Change	☐ Addition \
NAME			4. 2 N/	AME					
STREET ADDRESS				REETADDR	E\$S				
CITY-ST-ZIP	<u></u>			Y-ST-ZIP					
TITLE		☐ DELETÉ	5.1 TIT					Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS				REET ADDR	ESS				
CITY-ST-ZIP				Y-ST-ZIP	_				[T] A diamonia
TITLE		☐ DELETE	6.1 TIT					☐ Change	Addition
NAME			6.2 NA						
STREET ADDRESS				REETADDR	RESS				
CITY-ST-ZIP			6.4 CIT	Y-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, with all other like empowered.

SIGNATURE:

