Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90026 029 ***150.00

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

DOCUMENT # P97000015773

1. Corporation Name

AIRCRAF	t flight	LINE SUPPORT,	INC.								
Britania d Blass	of Dunings	·····		failing Address			<u>.</u>		<u>-</u>		
Principal Place of Business Mailing Address PO BOX 660368 PO BOX 660368 MIAMI SPRINGS FL 33266 MIAMI SPRINGS FL 33266									DO NOT WRITE IN THIS S	PACE	
		,							3. Date Incorporated or Qualified 02/14/1997	7,01	
2, Principal Pl	lace of Busin	ess	2a	, Mailing Address	_				4. FEI Number	. Ap	plied For
21				26					65-0736640	No	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State				City & State					6. Election Campaign Financing	\$5.00	Mav Be
23				28					Trust Fund Contribution	Added t	
Zip		Country		Zip		Country	,		8. This corporation owes the current year Intar	gible	
24	ſ	25	29		30				T CIDONAL TOPONY TENT	Yes	□No
	9, Name	and Address of Curre	nt Regi	stered Agent			,		10. Name and Address of New Registered A	jent	_
						81	Name	1			
MACAULEY, RICHARD						82	82 Street Address (P.O. Box Number is Not Acceptable)				
7845 SW 120TH STREET											
MIAN	AI FL 33156	· .				83					
						84	City		FL	85 Zip (Code
office or re agent. I a	egistered age m familiar vit	ons of Sections 607.050 ant, or both, in the State h, and accept the obligation or printed name of registered age	of Flan	ida. Such change was at f. Section 607.0505, Flor	utnor rida (rized by Statutes	tne con	ooratio	oration submits this statement for the purpose of class board of directors. I hereby accept the appoint Application (Application)	ment as re	gistered
12.		OFFICERS AN			Ť	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	P			☐ DELETE	1	1.1 TITLE		T		Change	☐ Addition
NAME .	MACAULE	Y, LYNN C.				1.2 NAME					
STREET ADDRESS		120TH STREET				1.3 STREE	T ADDRESS	3			Í
CITY-ST-ZIP	MIAMI FL	33156				1.4 CITY-S	T-ZiP	l			
TITLE	S			☐ DELETE		2.1 TITLE				Change	☐ Addition
NAME	MACAULE	Y, RICHARD A.			- [2.2 NAME					
STREET ADDRESS		120TH STREET		State Section 5	ŀ	2.3 STREE	T ADDRESS	s ··· -			
CITY-ST-ZîP	MIAMI FL					2. 4 CITY-5	ST- ZIP	1			
TITLE				☐ DELETE		3.1 TITLE				Change	☐ Addition
NAME						3.2 NAME					
STREET ADDRESS						3.3 STREE	T ADDRES	3)
CITY-ST-ZIP						3.4. CITY-5	T-ZIP			_	
TITLE	•			☐ DELETE	•	4.1 TITLE			•	Change	☐ Addition
NAME					•	4. 2 NAME					
STREET ADDRESS	,				1	4.3 STREE	T ADDRES	3			
CITY-ST-ZIP					_	4.4 CITY-S	T-ZIP	↓_	<u> </u>		
TITLE				☐ DELETE		5.1 TITLE				Change	☐ Addition
NAME						5.2 NAME			; · · · · · · ·		
STREET ADDRESS						5.3 STREE		5			
CITY-ST-ZIP					_	5.4 CITY-S	T-ZIP	+-		Chanas	Addition
TITLE				☐ DELETE		6.1 TITLE				☐ Change	☐ Addition
NAME					E'	6.2 NAME		1			Ĭ

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305 87/ 6152