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 # P97000016107

1. Corporation Name

AVIATION SERVICE CENTRE, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90011 029 ***150.00



						—-				# B (
Principal Place	e of Business	Mailing Address	Mailing Address							
1725 W COMMERICAL BLVD #10 FT LAUDERDALE FL 33309		1725 W COMMERICAL BLVD #10 FT LAUDERDALE FL 33309				DO NOT WRITE	IN THIS	SPACE		
						\		111111111111111111111111111111111111111	JI AUL	
							Date Incorporated or Qualifed 02/17/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number		Ar	oplied For
21	·	26					65-0733420		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Certificate of Status Desired			Additional
22	•	27			3.	Certificate of Status Desired		Fee Re	equired	
City & State	e	City & State	City & State			6.	Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Zip Country			8.	This corporation owes the current	t year Inta	ngible	$\overline{}$
24	25	29	30			1	Personal Property Tax.	•	ŬYes	□No
<u></u>	9. Name and Address of Curre					10.	Name and Address of New Re	gistered A	gent	
				81	Name	~				$\neg \neg \neg$
ROM	ieiser, edward w							, -		
1725 W COMMERICAL BLVD #10				82	Street Ad	idress (P	P.O. Box Number is Not Acceptable	e)		Ì
	AUDERDALE FL 33309			83						
			İ							
				84	City				85 Zip	Code
_								_FL		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	as authorized	l by 1	the corpora	orporation ation's bo	n submits this statement for the public accept to accept the public accept to accept the public accept	rpose of a he appoin	manging its tment as re	gistered
SIGNATURE										Ţ
GIONATORE	Signature, typed or printed name of registered age	ent and tritle if applicable. (F	NOTE: Registered	Agent	t signature requ			DATE		
12.	OFFICERS AF	ND DIRECTORS	13.			/	ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	D	☐ DELETE	1.1 TIT	LE	(•		Change	Addition
NAME	Romeiser, Edward W		1.2 NA	ME						
STREET ADDRESS	1725 W COMMERICAL BLVD :	#10	1.3 ST	REET	ADDRESS					ł
CITY-ST-ZIP	FT LAUDERDALE FL 33309		1.4 CF	ry-st	-ZIP					Į.
TITLE		☐ DELETE						-	Change	☐ Addition
NAME			2.2 NA	ME						
STREET ADDRESS					ADDRESS					ļ
					i					į
CITY-ST-ZIP	<u> </u>	DELETE	2. 4 CI		1-41				Change	Addition
TITLE			L				•			<u></u>
NAME			3.2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP			3.4. Cf		r-ZIP				F7.01	
IUTE		☐ DELETE	4.1 TIT	ILE	Ī				☐ Change	☐ Addition
NAME			4.2 N	AME						
STREET ADDRÉSS	,		4.3 ST	REET	ADDRESS					ł
CfTY-ST-ZIP			4.4 Cf	TY-ST	-ziP	_				
TITLE		☐ DELETE					· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			5.2 NA	ME	ļ					į
STREET ADDRESS			5.3 ST	REET	ADDRESS					F
1			5.4 CI							••
CITY-ST-ZIP		☐ DELETE			-				Change	Addition
TITLE	·	, C) DETEL	6.2 NA						s.mige	
NAME -					ADDDESS					, ;

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP