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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P97000083203

1. Corporation Name
SANTA FE AVIATION, INC.



Principal Place of Business Mailing Address
 4505 S. GOLDENROD RD. 4505 S. GOLDENROD RD.
 ORLANDO FL 32822 ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **1020 NW 62 ST** 26 **PO BOX 81200**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 **Ft Lauderdale, FL** 27 **Albuquerque NM**
 City & State City & State
 24 **33309** 25 Country 29 **87198** 30 Country
 Zip Zip

3. Date Incorporated or Qualified
09/24/1997
 4. FEI Number **APPLIED FOR** 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

9. Name and Address of Current Registered Agent
ZIEGLER, JACK
4505 S. GOLDENROD RD.
ORLANDO FL 32822

10. Name and Address of New Registered Agent
 81 Name **Keely Whittington**
 82 Street Address (P.O. Box Number is Not Acceptable)
1020 NW 62 ST
 83
 84 City **Ft Lauderdale** FL 85 Zip Code **33309**

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 *Keely Whittington* **KEELY Whittington** **2-16-99** DATE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WHITTINGTON, KEELY |
| STREET ADDRESS | 4505 S. GOLDENROD RD. |
| CITY-ST-ZIP | ORLANDO FL 32822 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WHITTINGTON, NERISSA |
| STREET ADDRESS | 4505 S. GOLDENROD RD. |
| CITY-ST-ZIP | ORLANDO FL 32822 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | WHITTINGTON, SCOTT |
| STREET ADDRESS | 4505 S. GOLDENROD RD. |
| CITY-ST-ZIP | ORLANDO FL 32822 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PO BOX 1000 |
| STREET ADDRESS | DEPARTMENT OF STATE |
| CITY-ST-ZIP | ORLANDO FL 32822 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | PO BOX 81200 |
| 1.4 CITY-ST-ZIP | Albuquerque, NM 87198 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | PO BOX 81200 |
| 2.4 CITY-ST-ZIP | Albuquerque, NM 87198 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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.

SIGNATURE: *Keely Whittington* **Keely Whittington** **2-16-99** **(505)255-5422**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)