

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90086 006 ***150.00



DO NOT WRITE IN THIS SPACE

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
**4505 S. GOLDENROD RD.
ORLANDO FL 32822**

Mailing Address
**4505 S. GOLDENROD RD.
ORLANDO FL 32822**

2. Principal Place of Business 21 1020 NW 62 ST Suite, Apt. #, etc. 22 City & State 23 Ft Lauderdale, FL Zip 24 33309 Country	2a. Mailing Address 26 PO BOX 81200 Suite, Apt. #, etc. 27 City & State 28 Albuquerque NM Zip 29 87198 Country
---	--

3. Date Incorporated or Qualified 09/24/1997	4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 **2-16-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, KEELY	1.2 NAME	
STREET ADDRESS	4505 S. GOLDENROD RD.	1.3 STREET ADDRESS	PO BOX 81200
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	Albuquerque, NM 87198
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, NERISSA	2.2 NAME	
STREET ADDRESS	4505 S. GOLDENROD RD.	2.3 STREET ADDRESS	PO BOX 81200
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	Albuquerque, NM 87198
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, SCOTT	3.2 NAME	
STREET ADDRESS	4505 S. GOLDENROD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 1000	6.2 NAME	
STREET ADDRESS	DEPARTMENT OF STATE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE, NM 87198	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 **2-16-99 (505) 255-5422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #