**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000089961

1. Corporation Name

ROCA AIR MAINTENANCE INC

Principal Place of Business					
3700 AIRPORT RD. SUITE 401 BOCA RATON FL 33431					
2. Principal Place of Business	:				
Suite, Apt. #, etc.	2				
22	2				
City & State					
23	2				
Zip Country					
	L				

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90151 028 \*\*\*150.00



Principal Place	of Business	Mailing Address				
3700 AIRPORT RD. SUITE 401 3700 AIRPORT RD. SUITE 401						
BOCA RATON FL 33431 BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE				
· ·		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
	,					
		NA-W- Address		10/17/1997 4. FEI Number	Applied For	
	ace of Business	2a. Mailing Address	s Rd.	1 **	<del>- ''</del>	
21	· · · · · · · · · · · · · · · · · · ·		3 Na.	59-2471404	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	5	5. Certifcate of Status Desired	8.75 Additional Fee Required	
22		27 SUME 29-	J		<u>`</u>	
City & State	• • • • • • • • •	City & State	in TI	1 11	\$5.00 May Be = Added to Fees	
23		28 DOCA 1416	Country	Trust Fund Contribution		
Zip	Country		1).5	8. This corporation owes the current year Intangi	yes ⊟No	
24	25		<u> </u>	Personal Property Tax.		
81 Name Q 4 1 1 12 1 -						
			chard H. Dreslow			
			ess (P.O. Box Number is Not Acceptable)			
3700 AIRPORT RD, SUITE 401		190	o Glades Rd.			
BOCA RATON FL 33431			83 5	ite 245		
			84 City D	// / / - 8	5 Zip Code	
			150	ca Katon, FL	132131	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes, the	e above-named corpo	pration submits this statement for the purpose of cha	nging its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida/Such change was authori irons of Section 607.0505, Florida S	ized by the corporatio Statutes.	n's board of directors. I hereby accept the appointment	siit as registered	
-	( lanks V	4 Doles		4-19-99	•	
SIGNATURE	Signature, typed or frinted name of registered agen	it and title if applicable. (NOTE: Regist	tered Agent signature required	when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS 1	13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	D	DELETE 1	.1™LE Or		Change	
NAME	WANTSHOUSE, MARK	1	2 NAME W	ark wantshouse		
STREET ADDRESS	3700 AIRPORT RD, SUITE 401	1	.3 STREET ADDRESS 37	100 Airport Road		
CITY-ST-ZIP	BOCA RATON FL 33431	11	A CITY-ST-ZIP	oca, Raton, FU 33431		
TITLE	D	DADELETE 2	ATTILE Ch	airman of the Board [	Change Addition	
NAME	WHEELER, MICHAEL	<i>y</i> ~	2.2 NAME VY	artin F Brownberg	-	
STREET ADDRESS	3700 AIRPORT RD, SUITE 401	2		00 Glades Rd., Svite 24.	5	
CITY-ST-ZIP	BOCA RATON FL 33431		10	pra. Ration, FL 33431	,	
TITLE	BOOK INTONIE 30401			lef Financial Officer/Director	Change Addition	
1		_		ichael Faren		
NAME STREET ADDRESS				4. L E H		
STREET ADDRESS				7777 7711 1101 1 (~~~)		
			اکر'	oca Paton El 334-31		
CITY-ST-ZIP		3	3.4. CITY-ST-ZIP	oca Raton, FL 33431	Change XAddition	
TITLE	Anton	DELETE 4	14. CITY-ST-ZIP B	oca Raton, FL 33431 ecretary	Change Addition	
		DELETE 4 4	1.4. CITY-ST-ZIP B. 1.1 TITLE S.E 1. 2 NAME P.	oca Raton, FL 33431 ecretary	,	
TITLE	-		1.4. CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.9	oca Raton, FL 33431 ecretary amela Green oo Glades Rd., Suite 24	5	
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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 cooperation 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 attaction with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR