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 # P97000091211

1. Corporation Name

TEMAR AVIATION, INC.

Principal Place of Business Mailing Address							4 (BB)(BB) (50 18)(500) BB3)(BB)(BB)(BB)(BB)(BB)(BB)(BB
1341 SE 4TH AVENUE			1341 SE 4TH AVENUE				
POMPANO BEACH FL 33060			POMPANO BEACH FL 33060				DO NOT WRITE IN THIS SPACE
	•						
							3. Date Incorporated or Qualifed 10/23/1997
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21			26				65-0788904 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip		ountry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
	9. Name and Address of Curren	t Regis	stered Agent		-		10. Name and Address of New Registered Agent
٥٣١٥	EDT TUENDODE D				81	Name	
SEIFERT, THEODORE R					82	Street	t Address (P.O. Box Number is Not Acceptable)
1341 SE 4TH AVENUE POMPANO BEACH FL 33060							
POM	PANU BEAUTI FL 33000				83		·
	•				84	City	85 Zip Code
·						•	FL G
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		at and title	it annihable (A)OTE	Pagistar	ad Ageni	pigosture r	e required when reinstating) DATE
12.	Signature, typed or printed name of registered age OFFICERS AN			13		algi Millio	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	_	TITLE		Change Addition
NAME	SEIFERT, THEODORE R			1.2 NAM			LATON, MARITZA
STREET ADDRESS				ADDRESS	LATONI, MARITZA 1341 S.E. 474 AVE.		
. 1	POMPANO BEACH FL 33060				CITY-ST		POMPAND BCH., FL. 33080
CITY-ST-ZIP TITLE	TOM AND BENOTITE GOOD		□ DELETE	_	2,1 TITLE		Change Addition
NAME			<u> </u>		NAME		,
İ						ADDRESS	s
STREET ADDRESS					CITY-S		The second secon
CITY-ST-ZIP TITLE			☐ DELETE	_	TITLE	, - CII	☐ Change ☐ Addition
NAME			_		NAME		
STREET ADDRESS				3.3	STREET	ADDRESS	s
CITY-ST-ZIP	•	-		3.4	, CITY-S	T-ZIP	
TITLE			☐ DELETE	_	TITLE		☐ Change ☐ Addition
NAME				4. 2	2 NAME		
STREET ADDRESS			•	4.3	STREET	ADDRESS	s ·
CITY-ST-ZIP	·			4.4	CITY-\$1	r-ZIP	
TITLE			☐ DELETE	5.1	TITLE		☐ Change ☐ Addition
NAME				5.2	NAME		
OTOLLET ADDOLLO				5.3	STREET	ADDRESS	si

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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the cor Block 12 or Block 13 if che with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TTTLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

[] Change

Addition

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90043 019 ***150.00