COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P97000091912

FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90007 018 ***555.00

| Mailing Address Mailing Address P O BOX 451856 | HI-TECH | I AVIATION CONSULTANT | TS, INC. | | | |
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| SIMME FI. 39744 SIMME FI. 39745 US DO NOT WRITE IN THIS SPACE 3. Data Incorporated or Qualified 10/27/1997 A. FEI Number 30/27/1997 A. FEI Number 30/34/4663 Not Ap 59-34/4663 N | icinal Place | of Business | Mailing Address | | | ABUM (BIM) HAMA HAMA HAMA (BIM) HAMA |
| SIMMEE FI. 34744 US DO NOT WRITE IN THIS SPACE 3. Data Incorporated or Qualified 10/27/1987 10/27/1987 Principal Place of Business Za, Mailing Address Za, Maili | | | | | • | |
| 3. Data Incorporated or Qualified 10/27/1997 Applied 10/27/1997 Ap | SIMMEE FL 34744 KISSIMMEE FL 34745 | | | DO NOT MIDITE IN I | THIS SDACE | |
| 10/27/1997 Applies A | US | | | | nis space | |
| Principal Place of Business | i . | | | | | Ì |
| Suite; Apt. #, etc. Suite, Apt. #, etc. | Principal Pl | ace of Business | 2a. Mailing Address | | <u> </u> | Applied For |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | 1 . | 11. | | | 59-3474663 | Not Applicable |
| City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Zip Zip Zip Zip Zip State Country Zip State City & State City Zip Z | Suite, Apt. #, etc. | | | | E Cortificate of Status Desired | \$8.75 Additional |
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| 25 29 30 Intangible Personal Property. | . ! | | | T. Country | Tract and optimization | |
| 3, Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 registe 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 registragent, law and accept the obligations of, section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registragent, in a manufacture with, and accept the obligations of, section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registragent, in a manufacture with, and accept the obligations of, section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registragent, and accept the obligations of, section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registragent and accept the obligations of, section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registragent and accept the obligations of, section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registragent and conference of registragent and accept the obligations of, section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registragent and conference of registragent and accept the obligations of, section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registragent and conference of r | Zip | <u>├</u> ¬ ′ | <u> </u> | ⊢ ¬ • | | Yes KN No |
| AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) AU A B2 Street Address (P.O. Box Number is Not Acceptable) AU A B4 City AU A B4 City AU A B4 City AU A B4 City AU A B5 Zip Codd B6 City AU A B6 City AU A B7 City | | 1-1 | | 30 | | |
| AMERILATIVER 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 | 1 | 3, Hante and Address of Curr | out Magiator and Marit | 81 Name | .1 | |
| AND ALMEHA AVENUE CORAL GABLES FL 33134 B4 City A FL B5 Zip Code 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 registre 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 registre agent, and accept the obligations of, section 697.0505, Florida Statutes. NATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITULE 1.1 TITULE 1.2 NAME 13. STREET ADDRESS 14. CITY-ST-ZIP OFFICERS AND DIRECTORS 13. TITULE 22. NAME 23. STREET ADDRESS 17. ZIP OFFICERS AND DIRECTORS 14. CITY-ST-ZIP OFFICERS AND DIRECTORS 15. TADDRESS 17. ZIP OFFICERS AND DIRECTORS 15. STREET ADDRESS 17. ZIP OFFICERS AND DIRECTORS 14. CITY-ST-ZIP OFFICERS AND DIRECTORS 15. TADDRESS 17. ZIP OFFICERS AND DIRECTORS 15. STREET ADDRESS 17. ZIP OFFICERS AND DIRECTORS 15. TADDRESS 17. ZIP OFFICERS AND DIRECTORS 15. TADDRESS 17. ZIP OFFICERS AND DIRECTORS 15. TITULE OFFICERS AND DIRECTORS 15. TITULE OFFICERS AND DIRECTORS 15. TITULE OFFICERS AND DIRECTORS 15. TADDRESS 17. ZIP OFFICERS AND DIRECTORS 15. TITULE OFFICERS AND DIRECTORS 15. TADDRESS 17. ZIP OFFICERS AND DIRECTORS 15. TADDRESS 17. ZIP OFFICERS AND DIRECTORS 18. TADDRESS 17. ZIP OFFICERS AND DIRECTORS 19. TADDRESS 19. TADDRESS 19. TADDRESS 19. TADDRESS 19. TADDRESS 19. TADDR | AME | erilawyer | | | | |
| 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 register of 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 register agent, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. NATURE NATURE | | | | | | |
| 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 register of 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 register agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. NATURE NATURE | COF | RAL GABLES FL 33134 | | 83 | . 1 | |
| Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its regists agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. NATURE NATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE STUART, PAMELA 11. STREET ADDRESS 12. NAME 23. STREET ADDRESS 31. STREET ADDRESS 32. STREET ADDRESS 33. STREET ADDRESS 34. STREET ADDRESS 35. STREET ADD | 1 | | | | <u> </u> | 85 Zin Code |
| NATURE Signature, typed or printed reme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | 1 | | F L - |
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| T ADDRESS 6.3 STREET ADDRESS | | | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | |
| T-ZIP 6.4 CITY-ST-ZIP hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that I am | T-ZIP | | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | |

noticated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it arm 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.

407-870-1826