**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000006573**1. Corporation Name

DION AVIATION SALES, INC.

Principal Place	e of Business	Mailing Address		i suditual sin inini curi andica darit natira	.SIII SEILE EITE GIITT 1	
638 UNITED STREET		638 UNITED STREET				
KEY WEST FL 33040		KEY WEST FL 33040		DO NOT WRITE IN THIS SPACE		
					HIS SPACE	
				3. Date Incorporated or Qualifed 01/20/1998		Į
2 0-1-1-10		2a. Mailing Address		4. FEI Number	TAnr	olied For
	lace of Business	— ·		65-0804161	— <del>— ` `</del>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 A	
22	<i>π</i> , εισ.	27	_	5. Certifcate of Status Desired	Fee Red	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	rintangible	
24	25	29 3		Personal Property Tax.	Yes	□No
•	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registe	red Agent	
CAD	LCON DODERT E		81 Name	tales to the total p		
CARLSON, ROBERT E			82 Street A	on Lawrence R. Address (P.O. Box Number is Not Acceptable)		
15600 S.W. 288 STREET, SUITE 305 HOMESTEAD FL 33033				38 United Street		
HOM	1E21EAD FL 33033		83			
			84 City	2	<b>FL</b> 85 Zip C	
44 5		00 4 COZ 4EOD Flacida Clabda	K e	ey -West corporation submits this statement for the purpos		
office or re	egistered agent, or both, in the State m familian with, and accept the obliga	of Florida Such change was aut	horized by the corpor la Statutes.	ration's board of directors. I hereby accept the a	ppointment as reg	jistered
SIGNATURE	Agnature, typed or printed name of registered age	nt and title if applicable (NOTE: 5	Registered Agent signature re-	osition V	15-99	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	DION, LAWRENCE R		1.2 NAME			
STREET ADORESS	638 UNITED STREET		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	Ş	Change	X Addition
NAME			2.2 NAME	Banks, Suzanne D.		
STREET ADDRESS	•		2.3 STREET ADDRESS	638 United Street		
-CITY-ST-ZIP	ating " " aggres whoma		2.4 CITY-ST-ZIP	Key West, FL 33040		
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS	i.		3.3 STREET ADDRESS	ua, v		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS	· •		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	,	☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	`	☐ DELETE	6.1 TITLE		Change	Addition Addition
NAME			6.2 NAME			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CiTY-ST-7IP

Millawrence R. Dion, Pres.

Daytime Phone #

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90148 049 \*\*\*158.75