## 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

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90130 042 \*\*\*158.75

| DOCUMENT # | D00000010E00 |
|------------|--------------|
| DOCUMENT # | P98000012522 |

1. Corporation Name

APPLE AIRCRAFT PARTS, INC.

|   | `, .   | _                              |  | _  |  |   |   |   |                                     |
|---|--|--------------------------------|--|--|--|---|---|---|-------------------------------------|
| Principal Place   | e of Business  | Mailing Ad                     | ddress   |  |  |   | 1 (22(52) (15 15)5) (5() 52() 53() 53() 53()                      |   |                                     |
| 8321 NORTHWE  | EST PINES BOULEVARD  | 8321 NORT                      | THWEST PINES B                                     | BOULEVA  | (RD  |   |   |   |                                     |
| UNIT G5   |  | UNIT GS                        |  |  |  |   | DO NOT WORTE IN THE   | e enver   |                                     |
| PEMBROKE PIN  | IES FL 33024   | PEMBROKE                       | E PINES FL 3302                                    | 4  |  |   | DO NOT WRITE IN TH  | S SPACE   | <del></del> -                       |
|   |  |                                |  |  |  |   | 3. Date Incorporated or Qualifed 02/09/1998                       |   |                                     |
| 2. Principal Pl   | lace of Business   | 2a. Mailing                    | g Address  |  |  |   | 4. FEI Number   | — <del>— — — — — — — — — — — — — — — — — — </del> | olied For                           |
| 21  | <u> </u>   | 26                             |  |  |  |   | 65-0813088  |   | t Applicable                        |
| Suite, Apt.   | #, etc.  | <b>├</b> ──                    | Apt. #, etc.                                       |  |  |   | 5, Certifcate of Status Desired                                   | <b>\$8.75</b> A<br>Fee Re                         |                                     |
| 22  |  | 27                             |  |  |  |   |   |   | <del>`</del> :                      |
| City & State  | e  | City &                         | State  |  |  |   | 6. Election Campaign Financing Trust Fund Contribution            | \$5.00 to<br>Added to                             |                                     |
| 23  | Country  | 28 Zip                         |  | Cou  | ıntry  |   | - <del> </del>  |   | 01662                               |
| Zip   | Country  | ·                              | ſ  | 30   | лиц у  |   | This corporation owes the current year     Personal Property Tax. |   | <b>2</b> XNo                        |
| 24  | 9. Name and Address of Cur   | 29 29                          |  | 30   | 1  |   | 10. Name and Address of New Registere                             |   |                                     |
|   | 3. Name and Address of Car   | Trest Registered F             | igen.  |  | 81   | Name  |   |   |                                     |
| AME   | RILAWYER   |                                |  |  |  |   |   |   |                                     |
|   | ALMERIA AVENUE   |                                |  |  | 82   | Street Add  | ress (P.O. Box Number is Not Acceptable)                          |   | Į                                   |
| COR   | AL GABLES FL 33134   |                                |  |  | 83   |   |   | <del></del>                                       |                                     |
|   |  |                                |  |  |  |   |   |   |                                     |
|   |  |                                |  |  | 84   | City  | F   | ■ 85 Zip C  | Code                                |
| 44 Purcuant   | to the provisions of Sections 607                                  | 0502 and 607 1508              | R Florida Statute                                  | es, the a  | bove   | -named corr   | poration submits this statement for the number                    | of changing its                                   | registered                          |
| l office or to  | egistered agent or both in the St                                  | ate of Florida, Suci           | h change was at                                    | utnorized  | ด by 1   | tne comorati  | ion's board of directors. I hereby accept the app                 | ointment as reg                                   | jistered                            |
| agent. I ai   | m familiar with, and accept the ob                                 | oligations of, Secuo           | n bu7.uous, Fior                                   | noa Siai   | wes.   |   |   |   |                                     |
| SIGNATURE   | Signature, typed or printed name of registered                     | Legant and title if explicable |  |  |  |   | ed when reinstating) DATE   |   |                                     |
|   |  |                                | le. (NOTE:   | : Registered   | 1 Agent  | t signature require   | ed when reinstating) DATE   |   | 1                                   |
|   |  | AND DIRECTORS                  | <del>`                                      </del> | : Registered   | d Agent  | t signature require   | ADDITIONS/CHANGES TO OFFICERS                                     | AND DIRECTO                                       | RS IN 12                            |
| 12.   |  |                                | <del>`                                      </del> | <u> </u>   |  | t signature require   | ,   | AND DIRECTO                                       | RS IN 12                            |
| 12.   | OFFICERS   |                                | 3  | 13.  | TLE.   | t signature require   | ,   |   |                                     |
| 12. TITLE NAME  | OFFICERS PSTD  | AND DIRECTORS                  | 3  | 13.<br>1.1 TI<br>1.2 N   | ITLE<br>AMÉ  | ADDRESS   | ,   |   |                                     |
| 12. TITLE NAME STREET ADDRESS   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E                        | S AND DIRECTORS  BOULEVARD     | 3  | 13.<br>1.1 TI<br>1.2 No<br>1.3 S   | ITLE<br>AMÉ  | ADDRESS   | ,   |   |                                     |
| 12. TITLE NAME  | PSTD TROPP, LOUISE C   | S AND DIRECTORS  BOULEVARD     | 3  | 13.<br>1.1 TI<br>1.2 No<br>1.3 S   | TLE<br>AME<br>TREET  | ADDRESS   | ,   |   |                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E                        | S AND DIRECTORS  BOULEVARD     | DELETE   | 13.<br>1.1 TI<br>1.2 NI<br>1.3 S'<br>1.4 CI  | ITLE AME TREET ITY-ST  | ADDRESS   | ,   | ☐ Change  | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E                        | S AND DIRECTORS  BOULEVARD     | DELETE   | 13.<br>1.1 Tf<br>1.2 N/<br>1.3 S'<br>1.4 Ci<br>2.1 Tf<br>2.2 N/  | ITLE AME TREET ITY-ST ITLE AME   | ADDRESS   | ,   | ☐ Change  | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E                        | S AND DIRECTORS  BOULEVARD     | DELETE   | 13.<br>1.1 TI<br>1.2 N/<br>1.3 S'<br>1.4 CI<br>2.1 TI<br>2.2 N/<br>2.3 S'  | ITLE AME TREET ITY-ST ITLE AME   | ADDRESS -ZIP ADDRESS  | ,   | ☐ Change  | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE   | 13.<br>1.1 TI<br>1.2 N/<br>1.3 S'<br>1.4 CI<br>2.1 TI<br>2.2 N/<br>2.3 S'  | TLE AME TREET TY-ST TLE AME TREET  | ADDRESS -ZIP ADDRESS  | ,   | ☐ Change  | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E                        | S AND DIRECTORS  BOULEVARD     | S DELETE   | 13.<br>1.1 TI<br>1.2 N<br>1.3 S'<br>1.4 Cd<br>2.1 TI<br>2.2 N<br>2.3 S'<br>2.4 C   | TLE AME TREET TY-ST TLE AME TREET  | ADDRESS -ZIP ADDRESS T-ZIP  | ,   | ☐ Change  | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | S DELETE   | 13. 1.1 TH 1.2 N 1.3 S 1.4 CH 2.1 TH 2.2 N 2.3 S 2.4 C 3.1 TH 3.2 N  | TLE AME TREET TY-ST TLE AME TREET TREET TILE AME TREET TILE AME AME  | ADDRESS -ZIP ADDRESS T-ZIP  | ,   | ☐ Change  | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | S DELETE   | 13. 1.1 TH 1.2 NV 1.3 S' 1.4 CI 2.1 TH 2.2 NN 2.3 S' 2.4 CI 3.1 TH 3.2 NN 3.3 S'   | TLE AME TREET TY-ST TLE AME TREET TREET TILE AME TREET TILE AME AME  | ADDRESS -ZIP ADDRESS T-ZIP ADDRESS  | ,   | ☐ Change  | Addition Addition                   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | S DELETE   | 13. 1.1 TH 1.2 NV 1.3 S' 1.4 CI 2.1 TH 2.2 NN 2.3 S' 2.4 CI 3.1 TH 3.2 NN 3.3 S'   | TITLE  AME TREET TITLE  AME TITLE  AME TITLE  TITLE | ADDRESS -ZIP ADDRESS T-ZIP ADDRESS  | ,   | ☐ Change  | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE DELETE                                      | 13. 1.1 TH 1.2 NV 1.3 S' 1.4 CI 2.1 TH 2.2 NV 2.3 S' 2.4 CI 3.1 TH 3.2 NV 3.3 S' 3.4 CI  | TILE  AME  TREET  TILE  AME  TREET  TILE  AME  TREET  TILE  TILE  TREET  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TILE  | ADDRESS -ZIP ADDRESS T-ZIP ADDRESS  | ,   | ☐ Change ☐ Change ☐ Change                        | Addition Addition                   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE DELETE                                      | 13. 1.1 TI 1.2 NV 1.3 S' 1.4 GI 2.1 TI 2.2 NV 2.3 S' 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 NV  | TILE  AME  TREET  TIY-ST  TILE  AME  TREET  TREET  TREET  TREET  TREET  TITLE  | ADDRESS -ZIP ADDRESS T-ZIP ADDRESS  | ,   | ☐ Change ☐ Change ☐ Change                        | Addition Addition                   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE DELETE                                      | 13. 1.1 TI 1.2 NV 1.3 S' 1.4 GI 2.1 TI 2.2 NV 2.3 S' 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 NV 4.3 S'   | TILE  AME  TREET  TIY-ST  TILE  AME  TREET  TREET  TREET  TREET  TREET  TITLE  | ADDRESS -ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS -ADDRESS             | ,   | ☐ Change ☐ Change ☐ Change                        | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE DELETE                                      | 13. 1.1 TT 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI                                   | TILE  AME TREET TIY-ST TITLE  AME TREET TREET TITLE  AME TREET TITLE  VAME TREET TREET TREET TREET TREET TREET TREET   | ADDRESS -ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS -ADDRESS             | ,   | ☐ Change ☐ Change ☐ Change                        | Addition Addition                   |
| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE  DELETE                                     | 13. 1.1 TT 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2. 4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N                            | TREET TY-ST TILE TREET  | ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP                | ,   | ☐ Change ☐ Change ☐ Change                        | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE  DELETE                                     | 13. 1.1 TT 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2. 4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N                            | TREET TY-ST TILE TREET  | ADDRESS -ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS -ADDRESS             | ,   | ☐ Change ☐ Change ☐ Change                        | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE  DELETE                                     | 13. 1.1 TT 1.2 NV 1.3 S' 1.4 GI 2.1 TI 2.2 NV 2.3 S' 2.4 GC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 NV 4.3 S' 4.4 CC 5.1 TI 5.2 NV 5.3 S' 5.4 CC        | ITLE AME TREET ITY-ST ITLE AME TREET   | ADDRESS -ZIP -ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS -ZIP            | ,   | Change Change Change Change                       | Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE  DELETE                                     | 13. 1.1 TT 1.2 NV 1.3 S' 1.4 GI 2.1 TI 2.2 NV 2.3 S' 2.4 GC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 NV 4.3 S' 4.4 CC 5.1 TT 5.2 NV 5.3 S' 5.4 CC 6.1 TI | ITLE AME TREET ITY-ST ITLE AME TREET   | ADDRESS -ZIP -ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS -ZIP            | ,   | ☐ Change ☐ Change ☐ Change                        | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP       | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE  DELETE  DELETE                             | 13. 1.1 TT 1.2 NV 1.3 S' 1.4 GI 2.1 TI 2.2 NV 2.3 S' 2.4 GC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 NV 4.3 S' 4.4 CC 5.1 TI 5.2 NV 5.3 S' 5.4 CC        | ITLE AME TREET ITY-ST ITLE AME TREET   | ADDRESS -ZIP -ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS T-ZIP -ADDRESS -ZIP            | ,   | Change Change Change Change                       | Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PSTD TROPP, LOUISE C 8321 NORTHWEST PINES E PEMBROKE PINES FL 3302 | S AND DIRECTORS  BOULEVARD     | DELETE  DELETE  DELETE                             | 13. 1.1 TT 1.2 N 1.3 S 1.4 G 2.1 TT 2.2 N 2.3 S 2.4 C 3.1 TT 3.2 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT 5.2 N 5.3 S 5.4 C 6.1 TT 6.2 N 6.3 S    | ITLE  AME TREET TY-ST ITLE  AME TREET TREE | ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP | ,   | Change Change Change Change                       | Addition Addition Addition Addition |

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: