

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporate	MEN # P98000 22 AVIATION, INC.	0017021					
Principal Plac	ce of Business	Mailing Address			, 10211001 11 11(1) 10111 00111 00111		-
500 EAST BRO	OWARD BLVD.	500 EAST BROWARD BLVD.			· ·		
SUITE 1950 SUITE 1950 FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 33394					DO NOT WRITE IN THIS SPACE		
FORT LAUVER	DALE FL 33394	FORT ENGLEDINES IL 3333	7		3. Date Incorporated or Qualifed		
					02/23/1998		}
2 Principal	Place of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			65-0837138		Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	- ,
22		27				Fee Rec	· -
City & State City		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23			<u> </u>		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	<u> </u>	8. This corporation owes the current year Intangible Personal Property Tax.		
24	25 25 9. Name and Address of Currer	1	50		10. Name and Address of New Registers		
<u> </u>	9. Name and Address of Curre	III Kegistered Agent	81	Name			
HAI	RDIN, DAVID C ESQ.				ress (P.O. Box Number is Not Acceptable)		
500 EAST BROWARD BLVD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SU	TE 1950		83				
FO	RT LAUDERDALE FL 33394			011	<u></u>	85 Zip C	ode
i			84	City	F	L ' '	
		e of Figrica. Such change was au	thorized by	the corporation	ion's board of directors. I hereby accept the app	Official star ora Lock	
agent. I	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	legistered Agen		constion submits this statement for the purpose on's board of directors. I hereby accept the app		 i
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE: F	tegratered Agen			ND DIRECTOR	 i
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE: F	13.		od when reinstitting) CATE		 i
SIGNATURE 12. TITLE NAME	Signature, typed or posted name of registered age OFFICERS AN D BAUR, THOMAS E	ent and this M applicable. (NOTE: NO DIRECTORS	13. 1.1 TITLE 1.2 NAME	ni signature require	od when reinstitting) CATE	ND DIRECTOR	 i
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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 each; 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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR

FEB 2 3 1999

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90092 036 ***150.00