

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # pg8000033804

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90289 049 ***150.00

	A AVIATION SERVICES, INC.		•						
Principal Plac	e of Business	Mailing Add	ress					ālii gibi i ani	
708 CARSWELL AVENUE 709 CARSWELL AVENUE HOLLY HILL FL 32117 HOLLY HILL FL 32117				,		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						04/14/1998			
2 Principal P	face of Business	2a, Mailing Address				4. FEI Number	App	iled For	
21	•	26			_	59-3505164		Applicable	
Suite, Apt.	#, etc.	Suite, Ap	pt, #, etc.	•		5. Certificate of Status Desired	\$8.75 A	,	
City & Stat		City & S	tate			6. Election Campaign Financing	\$5.00		
23						Trust Fund Contribution		Fees	_
Zip	Country	Zip		_ Coun	try	8. This corporation owes the current year I		□No	
24	25	29		10		Personal Property Tax. 10. Name and Address of New Registere	42.00	7140	
	9. Name and Address of Current	Registered Ag	ent		1 Name	10. Name and Address of New Registers	a Agent		
TOD	ODA FDANK			l'	.				
	ORA, FRANK CADOMEN AVENDE			[P	Street Add	dress (P.O. Box Number is Not Acceptable)		' [
708 CARSWELL AVENUE HOLLY HILL FL 32117			-	33	•				
HUL	LI HILL PL 32117			I,	,~				
				[34 City	F	85 Zip C	ode	
		and 607 1500	Elocido Statutel	the ab	we-named cor	poration submits this statement for the purpose	of changing its	egistered	
office or a agent. 1 a	to the provisions of Sacuons 607.0302 registered agent, or both, in the State of im familiar with, and accept the obligation	of Florida, Such of Florida, Section (change was aut 607.0505, Florid	horized i	by the corporates.	poration submits this statement for the purpose i tion's board of directors. I hereby accept the app	ointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title Managaphia	ANOTE: I	Resistant A	cont signature requi	red when refrestating) DATE			<u>~</u>
12.	OFFICERS AND		(10-12.1	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	25 IN 12	<u>త</u>
TITLE	P		□ DETE1E	1.1 TITL	E		☐ Change	Addition	È
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	708 Carevell Ave				EET ADDRESS				띬
CITY-57-71P		32117		1.3 STR	ŀ				RZEO
CITY-ST-ZIP	Holly Hill, Fl.	32117	□ DELETE	1.3 STR	EET AODRESS		☐ Change	Addition	CRZEO
TITLE	Holly Hill, Fl.		□ DELETE	1.3 STR 1.4 CITY	EET AODRESS '-ST-ZIP		☐ Change	Addition	CRZEO
TITLE NAME	Holly Hill, Fl. S VICTORIA F. BROW		□ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	EET AODRESS '-ST-ZIP	<u> </u>	Change	Addition	CRZEO
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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 eath; 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 Mchanged, or on an attachment with an address, with all other like empowered.

904/255-7065