FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000050441

R & K AIRCRAFT SALES INC

TO IT AMOUNT ONLESS INC.						
Principal Place of Business	Mailing Address				9194 SILM 48) 81 8	E1281 1181 1881
2024 VENETIAN WAY 2024 VENETIAN WAY						
WINTER PARK FL 32789 WINTER PARK FL 32789						
	•			DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed		ļ
				06/03/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u></u>	oplied For
26				59-3515775		ot Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	३8.75 Fee R	Additional
22	21	· · · · · · · · · · · · · · · · · · ·	-			·
City & State	City & State			6. Election Campaign Financing		May Be to Fees
23	28	Counto		Trust Fund Contribution		to rees
Zip Country	Zip	Country	4	8. This corporation owes the current year	r intangible Yes	No
24 25		30		Personal Property Tax. 10. Name and Address of New Registe		
9. Name and Address of Cu	rrent Kegisterea Agent	81	Name	10. Hante and Addiess of New Acguste		
KRAUSER, DAVID K		"				
2024 VENETIAN WAY		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789		83	ļ			
WINTER FARIN 1 E 32703		93	1			
		84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607						
agent. I am familiar with, and accept the of SIGNATURE	David K Kr	اعتداده اعتدانات	s. And signature require	es deu /-8 - d when reinstating) ADDITIONS/CHANGES TO OFFICER:	99	
TILL VICE Presiden		1.1 TITLE			Change	☐ Addition
NAME Jim Russell		1.2 NAME				
STREET ADDRESS 1016 Flying	court	1	T ADDRESS			
GI FI	72132	1.4 CITY-5		•		
TITLE	DELETE	2.1 TITLE	31-211		Change	Addition
		2.2 NAME				
NAME			ET ADDRESS			
STREET ADDRESS	1 / Semiles (2.4 CITY-	ſ		er, e	
CITY-ST-ZIP	☐ DELETE	3.1 TITLE	01748		Change	Addition
TITLE		3.2 NAME			-	
NAME		•	T ADDRESS			
STREET ADDRESS		3.4. CITY-				
CITY-ST-ZIP	☐ DELETE	4.1 TITLE	31-ZIP		Change	Addition
TITLE	[Dell' L	4.7 M.E.				_
NAME			·			
STREET ADDRESS			ET ADDRESS			
CITY-ST-ZIP	☐ DELETE	4.4 CITY-5	ST-ZIP			
TITLE	☐ DETE1E	5.1 TITLE			☐ Channe	Addition
NAME		6 2 MARIE			Change	Addition
STREET ADDRESS		5.2 NAME			Change	☐ Addition
C/TY-ST-ZIP	· .	5.3 STREE	ET ADORESS		Change	☐ Addition
TOPE		5.3 STREE 5.4 CITY-5	ET ADORESS ST-ZIP			
TITLE	DELETE	5.3 STREE 5.4 CITY-5 6.1 TITLE	ST-ZIP		☐ Change	☐ Addition
NAME		5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	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.

6.4 CITY-ST-ZIP

SIGNATURE;

STREET ADDRESS

CITY-ST-ZIP

1407/645-0959

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90045 009 ***150.00