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**

DOCUMENT # P98000068590

1. Corporation Name

ELITE AIR SERVICES, INC.

ipal Place of Business	Mailing Address		
SOUTHWEST 69TH COURT	10824 SOUTHWEST 69TH COURT		
A FL 34476	OCALA FL 34476		

FILED Apr 21, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address					4 idelifen til lätte mitt Shitt ettit ment denn and i feret ettit ann	
10824 SOUTHWEST 69TH COURT 10824 SOUTHWEST 69TH COU			OURT	URT		
OCALA FL 3447		OCALA FL 34476				DO NOT WRITE IN THIS SPACE
	,					3. Date Incorporated or Qualifed
,		•				· · · · · · · · · · · · · · · · · · ·
 						08/06/1998 4. FEI Number Applied For
 -	ace of Business	2a. Mailing Address				59-35 25 561 Not Applicable
21		26 Suite Ant # etc				\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22 City & State		City & State				S. Stantian Committee Singuing SE 00 May 84
City & State	•				•	6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country		Count	~		8. This corporation owes the current year Intangible.
<u> </u>	25	·	30	•		Personal Property Tax. Yes \(\square\) No
24	9. Name and Address of Curre		-			10. Name and Address of New Registered Agent
	V. Name and Address VI Care	III Magiotaraa Mga	8	1	Name	
AME	RILAWYER		_	1		
343 ALMERIA AVENUE			8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)
	AL GABLES FL 33134		8	3		
			L].		
			8	4	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was all	inonzea n	νn	he corporatio	on's board of directors. I hereby accept the appointment as registered
_	in familial with, and accept the oblig	adons of, decilor serious, rier,	oo otatat			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Ag	ent:	signature required	d when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Ì	☐ Change ☐ Addition
NAME	CRIPPEN, PATRICK A		1.2 NAME	=		
STREET ADDRESS	10824 SOUTHWEST 69TH CO	DURT	1.3 STRE	ET/	ADDRESS .	'
ÇITY-ST-ZIP	OCALA FL 34476		1.4 C/TY-	ST-	-ZIP	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME	Ξ	Ì	
STREET ADDRESS			2.3 STRE	ET A	ADDRESS	
CITY-ST-ZIP			2. 4 CITY	-ST	-ZIP	
TITLE		☐ DELETE	3.1 TITLE	_		☐ Change ☐ Addition
NAME			3.2 NAMI	Ξ	.	- L
STREET ADDRESS	•	-	3.3 STRE	ET/	ADDRESS	·
CITY-ST-ZIP			3.4. CITY	-ST	ZIP	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	Έ		
STREET ADDRESS			4.3 STRE	ET/	ADDRESS	Ì
CITY-ST-ZIP		,	4.4 CITY			<u></u>
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME I			5.2 NAMI	Ξ	1	
STREET ADDRESS			5.3 STRE	£Τ	ADDRESS	
}			5.4 CITY	-ST-	-ZIP	
C/TY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	! . / <i>}</i>	}	6.2 NAM	E		
] }	/ //	1			ADDRESS	
STREET ADDRESS	/ ///	٨	6.4 CITY			ļ
C/TY-ST-ZIP	L <i>[.]</i> _		2.7 (111			

14. I hereby certify that the information supplied with this fifing 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 suppliemental annual report is the 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 comporation or the receiver or trustee encowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the co Block 12 or Block 13 if cha all other like empowered.

SIGNATURE: