ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

'rincipal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ATLANTIC EAST AVIATION SERVICES CORP.

FILED Aug 26, 1999 8:00 am Secretary of State

08-26-1999 90009 032 ***550.00

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302 NW 24TH PLACE MBROKE PINES FL 35338		19302 NW 24TH PLACE PEMBROKE PINES FL 300	8		DO NOT WRITE H	N WINE EDAGE	
	33029	33	o29		3. Date incorporated or Qualified 10/26/1998	N THIS SPACE	
. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
1		26	26		65-0879023		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc,	<u></u>		5. Certificate of Status Desired		75 Additional e Required
City & State		City & State	}		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
		Zip 29 3:3029	· • • • • • • • • • • • • • • • • • • •		This corporation owes the current year Intangible Personal Property. Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELDON, CHARLES W 19302 NW 24TH PLACE PEMBROKE PINES FL 33023-3-3029				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
				84 City		FL 85	Zip Code
1. Pursuan office or agent. I	· · · · · · · · · · · · · · · · · · ·	0502 and 607.1508, Florida Statute State / Florida, Such change was obligations at spetton 607.0505, Fl	es, the ab authorized orida Stat	ove-named corporal I by the comporal utes.	oration submits this statement for the purpos tion's board of directors. I hereby accept the	se of changing is appointment a	ls registered is registered
NORMITORE	Signature, typed or printed name of registere	d agent and talo if applicable. [No	OTE: Registe	ed Agent signature ra	num-id when reinstating)	DATE	
2.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS IN 12
TLE	PTD	DELETE	1.1 111	1E		Cha	nge Addition
₩E	ELDON, CHARLES W		12 NA	ME			13
REET ADDRESS	19302 NW 24TH PLACE	•	1,381	REET ADDRESS			
TY-ST-ZIP	PEMBROKE PINES FL 3802	8 33024	1,4 CII	Y-ST-ZIP			
TLE	SVD	DELETE	2.5 (1)	LE		Cha	nge Addition
\ME	HAY-ELDON, LORI A	Name of the Control o	22 NA	ME			}
REET ADDRESS	19302 NW 24TH PLACE	n pagementer water	2.3 STREET ADDRESS				
TY-ST-ZIP			24 CII	Y-ST-ZiP			
πE		Delete 3.119				Chai	nge Addition
\ME	() OLLE) E		32 NA	NãE		•••	
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REET ADDRESS			5.3 STREET ADDRESS				
		•	Ñ				1
TY-ST-ZIP TLE			5.4 CH	Y-ST-ZIP		T 7 0:	
			ä			Chai	nge Addition
ME			6.2 NA				
REET ADDRESS			61 STREET ADDRESS				
TY-ST-ZIP			6.4 CIT	Y-ST-ZIP			

4. 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 attentional with an additional content of the corporation of

CR2E034 (5/99)