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 # P98000105270

BRITTANY AVIATION, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90224 030 ***150.00



rincipal Place of Business Mailing Address				#: #114# (1#4) (# # 14 ## 14 1##)					
31 NW 31 AVE STE 220 LAUDERDALE FL 33301	4631 NW 31 AVE STE 220 FT LAUDERDALE FL 33301		DO NOT WRITE IN THIS:	DO NOT WRITE IN THIS SPACE					
			Date Incorporated or Qualifed 12/18/1998						
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	X Applied For Not Applicable					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required					
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip Country	Zip	Country	This corporation owes the current year Inta Personal Property Tax.	8. This corporation owes the current year Intangible					
9. Name and Address of Cur	29 30	10. Name and Address of New Registered Agent							
	Tent registered Agent	81 Na	ame						
GARELLEK, STEVEN 7000 W PALMETTO PARK ROAD STE 400 BOCA RATON FL 33433		82 Str	t Address (P.O. Box Number is Not Acceptable)						
		83							
'		84 Cit	FL FL	85 Zip Code					
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the object. 	ate of Florida. Such change was autho	rized by the d	med corporation submits this statement for the purpose of corporation's board of directors. I hereby accept the appoint	changing its registered trent as registered					
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Regi	stered Agent sign	nature required when reinstating) DATE						

agent. i a	m familiar with, and accept the obligations of, Section of	r.oooo, rioliu	a Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	egistered Agent signature n	equired when rea	instating)		DATE		
12.	OFFICERS AND DIRECTORS	V	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				
TITLE		DELETE	1.1 TITLE	PD				Change	X Addition
NAME			1.2 NAME		L	011-			
STREET ADDRESS			1.3 STREET ADDRESS			Qualls	5		
CITY-ST-ZIP			1.4 CITY+ST-ZIP			Mirada			
TITLE		DELETE	2.1 TITLE	Boca	Rat	on FL	33433	☐ Change	☐ Addition
NAME	I		2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			34. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS	I I		5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP						
44 11	sife, the table information as walled with this filling door or	at amolific for th	a avamation states	Lin Coction	110 07/	21/i) Florida St	atutes I further ce	rtify that the in	formation

SIGNATURE: