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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00874

(5)

G & R AVIATION SUPPLY, INC.

FILED May 01 1997 8:00am Secretary of State

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PO BOX 1414		**		i i		
PALM HARBOR	FL 34682-1414	PO BOX 1414 PALM HARBOR FL 34682-1	414			
				3. Date Incorporated or Qualified 09/17/1990	3a. Date of Last 1 08/09/1996	Report
	ace of Business	2a. Mailing Address		4. FEI Number		pplied For
1	A _1_	26		59-3026009		tot Applicable
Suite, Apt.: 2	Ħ, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional lequired
City & State	3	City & State		6. Election Campaign Financing) May Be
3		28	P	Trust Fund Contribution		to Fees
Zip "1	Country	Ζιρ	Country	8. This corporation has liability for		s. 199.032,
<u> </u>	9. Name and Address of Cur		30	Florida Statutes 10. Name and Address of New Re	Yes No	
GAL	YAS, ROSA L.	TOTAL PROGRAMMENT	81 Name	^	giolorou Agorit	
	SCOBEE DRIVE			Gary Galyan		····
	M HARBOR FL 34682-1414			Address (P.O. Box Number is Not Acceptal	(elc.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	الا. ال
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			84 City	\ lover, . In	FL 85 Zip	Code
1. Pursuant i	to the provisions of Sections 607.0	0502 and 607 1508. Florida Statute	es, the above-named	corporation submits this statement for the	numose of changing	its registere
office or n	edistered agent, or both, in the St	ate of Florida. Such change was a	authorized by the cord	poration's board of directors. I hereby acce	pt the appointment a	s registered
	/ MAL (1	oligation of Section 607.0505, Fic	ma statutes.	_	~ 4b. <b< td=""><td>11</td></b<>	11
IGNATURE.	Signature Typed or printed have of registered	UU YU			1/40//	,
		l agent and title it addicable (NOTE	E: Rea stered Agent signature	required when reinstating)	LIAILE	
			E: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	RS IN 12
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I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119,073(f), Florida Statutes. Intriner 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 60°, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPES OR PRINTED NAME OF BIS UND OFFICER OR DIRECTOR

alyas /4/25/97

Daytime Phone #