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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$48082

(9)

DOUGLAS AVIATION, INC.

 L LEBELTUR FOR REACT FROM FRANCE BALL LIGHT (18) BY A LL TURLE BERT FRANCE BURGE BURGE

FILED

May 13 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address		- 1 (Batiata in Alaa: taiii Baidi aarin 110) dibii Bibii Albii Albii aink Bibii (Ba:			
P.O. BOX 381	2	P.O. BOX 3812			
BOCA RATON		BOCA RATON FL 33427			
US		US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 04/26/1991	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	S.E. DOWNWINDS RD	**	onminds b	<u>.</u> 65-0273844	Not Applicable
Suite, Apt.	•	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State TUPITER	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 334		29 33478 30	USA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	J Agent
DESZELL, DOUGLAS J. 81 Name DE				DESZELL DOUGLAS	T
	11 N.W. 4TH ST. #110				
PLA	INTATION FL 33317			Idress (P.O. Box Number is Not Acceptable)	AD.
			83		
			84 City 🛶		85 Zip Code
			7	TUPITER FI	L スス478
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered
agent. La	egistered agent, or both, in the state of m f a miliar with, and accopt the obligation	ons of, Section 607.0505, Florid	norized by the corpor la Statutes.	ration's board of directors. I hereby accept the ap	ipointment as registered
SIGNATURE	Stonature, typed operates hand of registered agents	all Douglas		ELL. PRES. 1-8-	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	Change Addition
NAME	DESZELL, DOUGLAS JAMES		1.2 NAME	DESZELL, DOUGLAS JAME 2480 S.E. DOWNWINDS A	<u>``</u>
STREET ADDRESS	P.O. BOX 3812 N/A		1.3 STREET ADDRESS	2480 S.E. DOWNWINDS A	(Δ.
CITY-ST-ZIP	BOCA RATON FL 33427-3812		1.4 CITY - ST - ZIP	JUPITER, FL. 33478	
TITLE		☐ DELETE	2.1 TITL€		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	,	
TITLE		DELFTE	3.1 TITLE		Change Addition
NAME		-	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	<u>.</u>	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		E Change E Radilloll
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DECETÉ	5.4 CITY-ST-ZIP		Change I Lade
TITLE		☐ DĒLĒTĒ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		*

6.4 CITY - S1 - 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.