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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S52472** 1. Corporation Name

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90001 012 ***150.00

GMI AVI	ATION, INC.							
Principal Place	a of Business	Mailing Address					IIDAI BIBIL 1481	
2401 PROSPER		2401 PROSPERITY BAY C'	.					
	GARDENS FL 33410	PALM BEACH GARDENS F						
THEM DEMOTT	CHILDENO IE COTTO	THE DESIGN OF THE EAST	2 000		DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed			
:					05/15/1991			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	9
21		26			65-0269532	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 #	Additional	
22		27			5. Certificate of Status Desired	Fee Re	quired	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		_	
24	25	29	30		Personal Property Tax.	☐ Yes	⊠,No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
OF L	VV TAMES W			Name				
	KY, JAMES W I PROSPERITY BAY CT		8	32 Street Addr	ress (P.O. Box Number is Not Acceptable)			
PALI	M BEACH GARDENS FL 33410		1	33	in the second se		Grania de la Compania del Compania del Compania de la Compania de	
			ļ.,	14 00				
			1	34 City		85 Zip C	Jode	
Marine Commence	to the residience of Continue 607 0502	and 607 1509 Florida Statut	too the no	wa namad sam	noration submits this statement for the number	of changing its	registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	onda Statut	es.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as reg	registered gistered	
agent. I a	rn familiar with, and accept the obligation	and title if applicable. (NOTE	Registered A	ove-named corp by the corporations.	ed when reinstating) DATE			ó
agent. I all SIGNATURE	rn familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	onda Statut	gent signature require				44,000
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE: