## 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 # \$66506

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90070 007 \*\*\*150.00

1. Corp	NT AVIATION, INC.	Ub			
Principal Place of Business Mailing Address POST OFFICE BOX 338					
OSPREY FL 34229  POST OFFICE BOX OSPREY FL 34229		98	DO NOT WRITE IN THIS SPACE		
2 -				3. Date Incorporated or Qualifed	HIS SPACE
2. Frincip	pal Place of Business	2a. Mailing Address		_	
	Apt. #, etc.	26		4. FEI Number	Applied For
22		Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
City & S	State	City & State	<del></del>	5. Certificate of Status Desired	\$8.75 Additional
Zip		28		6. Election Campaign Financing	Fee Required
24	Country	Zip	Country	Trust Fund Contribution	\$5.00 May Be Added to Fees
	9. Name and Address Co.	29	30	8. This corporation owes the current year I	Intangible
	9. Name and Address of Curr	ent Registered Agent		relability Property Tax.	' [] v <sub>e</sub> _
NI NI	EWMAN, DARLENE		81 Name	10. Name and Address of New Registere	d Agent
18	116 ISLAND WAY		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	_
OSPREY FL 34229				Not Acceptable)	
.€			83	CONTRACTOR AND THE PARTIES	3/41 3/21 3/31 3/41 3/41 3/31 (3/3)
11 Pursuar	24 40 44		84 City	一一一一一点,这个人就是一个人的人的人,	18. 19. 19. 19. 19. 19. 19. 19.
Office or	registered agent, or both, in the State	02 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	85 Zip Code
agent, r	am familiar with, and accept the oblig	ations of, Section 607.0505. Fi	authorized by the corporat	ion's board of directors. I hereby accept the	changing its registered
SIGNATURE	Signature, typed or printed name of registered age	<del> </del>			intrient as registered
12.	OFFICERS AN	ND DIRECTORS (NOTI	: Registered Agent signature requir	ed when reinstating)	
TITLE	ן דט	DELETE		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS III I
NAME STREET ADDRESS	NEWMAN, KIRK D.		1.1 TITLE 1.2 NAME	物,并和特别VEV	Change Addition
CITY-ST-ZIP	1816 ISLAND WAY DRIVE - OSPREY FL		1.3 STREET ADDRESS	•	- 9 9
TITLE	COFRET PL		1.4 CITY-ST-ZIP		
NAME		DELETE	2.1 TITLE		
STREET ADDRESS			2.2 NAME		☐ Change ☐ Addition C
CITY-ST-ZIP			2.3 STREET ADDRESS		
ITLE		☐ DELETE	2. 4 CITY-ST-ZIP		
AME	•.	CJ OLLETE	3.1 TITLE		☐ Change ☐ Addition
TREET ADDRESS			3.2 NAME		
TY-ST-ZIP TLE			3.3 STREET ADDRESS	المراوي ومعادر والمناز	
ME		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	<u></u>	
REETADDRESS	•		4. 2 NAME	(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1	Change Addition
TY-ST-ZIP		•	4.3 STREET ADDRESS	•	
LE			4.4 CITY-ST-ZIP		
WE		☐ DELETE	5.1 TITLE		700
REET ADDRESS			5.2 NAME	L	Change Addition
Y-ST-ZIP E			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<b>∤</b> •
1E		☐ DELETE	6.1 TITLE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
EET ADDRESS	· · · · · · · · · · · · · · · · · · ·		6.2 NAME		Change  Addition .
-ST-ZIP			6.3 STREET ADDRESS		
	(6)				1

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

DARTENE NEWAW.

m31, 1999 941-966-7880