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 # S69181

(3)

FILED Jan 22 1998 8:00am Secretary of State

FAIR AVIATION, INC.						
)
B		A Marilla and Andreas and			-	
Principal Place		Mailing Address 9 CHEYENNE CT				
9 CHEYENNE CT 9 CHEYENNE CT Palm coast fl 32137 Palm coast fl 32137			37			
U\$ US				DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 07/29/1991 	
2. Principal Place of Business 2a. Mailing Address			 		4. FEI Number	Applied For
21 26					59-3077539	Not Applicable
		Suite, Apt. #, etc.	pt. #, etc.		5. Certificate of Status Desired	38.75 Additional
22 27					b. Continuate of Status Desired	Fee Required
City & State		City & State	h '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	28 Country Zip		Countr	Trust Fund Contribution		
24	25	29	30		Personal Property Tax due June 30.	
24	a. Name and Address of Currer		1001		10. Name and Address of New Regist	
TA	/LOR, CLIFFORD A.		8.	Name		
108 E MOODY BLVD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
BUNNELL FL			0,	Street Addit	ess (F.O. Box (Validor) is 1401 Acceptable)	
			83			
			84	City		FL 85 Zip Code
		22 and C07 1509 Florida St	dulos the obe	to named core	oration submits this statement for the num	ose of changing its registered
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Saction 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agr	ent and tillo it applicable (NOTE: Registered A	gent signature require	ad when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	☐ DELETE	E 1.1 TITLE			Change Addition
NAME	AARTS, WILLEM		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL VD DELETE		1.4 CITY - 2.1 TITLE			Change Addition
TITLE	VD CMADT IAM M					C) Change C Addition
NAME	8WART, JAN W P.O. BOX 351741		2.2 NAME			
STREET ADDRESS	PALM COAST FL			T ADDRESS		
CITY-ST-ZIP TITLE	STD DELETE		2. 4 CITY 3.1 TITLE			Change Addition
NAME	EVANS, ROCKY		3.2 NAME			
STREET ADDRESS	2044 SPENCER ST			T ADDRESS		
CITY-ST-ZIP	GLENWOOD FL		3.4. CITY			
TITLE	17 0	DELETE	4.1 TITLE			Change Addition
NAME	LEONIDAE MART 168 POPPER DINE Z PALM COAST FL 3	ins	4. 2 NAM	E		
STREET ADDRESS	168 POPPERDINE Z	P	4.3 STRE	T ADDRESS		
CITY-ST-ZIP	PALM COAST FI. 3	32164	4.4 City	ST-7IP		
TITLE		☐ DELETE	5.1 THTLE			☐ Change ☐ Addition
NAME			5 2 NAME	I		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		F-1 22	5.4 CITY-			Change Addition
TITLE	DELETE		6.1 TITLE	1		CHOUNGE CHANNION
NAME			6.2 NAME	I		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZiP	certify that the information supplied a	vith this filing does not quali	6.4 CITY- fy for the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information
լ լագ, լուցուսա y և	and and institution outsing	o accession days			and all have the name lead offeet on it me	sdo undor nathuthat Lam on

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 ar 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 W. AART