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FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S84738

(1)

1. Corporation Name
AVTEAM, INC.



Principal Place of Business
**3230 EXECUTIVE WAY
 MIRAMAR FL 33055
 US**

Mailing Address
**3230 EXECUTIVE WAY
 MIRAMAR FL 33025-3930
 US**

3. Date Incorporated or Qualified 10/03/1991	3a. Date of Last Report 06/12/1996
4. FEI Number 65-0313187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #., etc.	26 Suite, Apt #., etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRAW, DONALD A 6211 N.W. 98 DRIVE PARKLAND FL 33076		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SRAGOWCZ, LEON	1.2 NAME	V
STREET ADDRESS	166 BAL BAY DRIVE	1.3 STREET ADDRESS	COBB, DALLAS R.
CITY-ST-ZIP	BAL HARBOR FL 33154	1.4 CITY-ST-ZIP	4821 N.W. 99 COURT
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, RICHARD	2.2 NAME	
STREET ADDRESS	1930 N.E. 118 ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33167	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAW, DONALD A.	3.2 NAME	
STREET ADDRESS	6211 NW 98TH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33076	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, JAIME	4.2 NAME	
STREET ADDRESS	18111 N.W. 16 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLAND, THOMAS B	5.2 NAME	
STREET ADDRESS	19461 N.W. 10 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONDEL, MARK	6.2 NAME	
STREET ADDRESS	12435 NW 18TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do 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; 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)