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 # S96186

(9)

MFCF AVIATION, INC.

(9

FILED

May 05 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						[(61) 616 01911 6191	H BIBII IBBI
6470 FRANKL		6470 FRANKLIN STREET						
HOLLYWOOD FL 33024		HOLLYWOOD FL 33024				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	3 01 AOL	
						11/22/1991		
2. Principal Pi	ace of Business	2a. Mailing Address		•		4. FEI Number	Ar	plied For
21		26				65-0307776	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27	↓. <u></u> ↓			C. Commodition States Sounds	Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	
23 Zin	Country	28	Cour	ntry		Trust Fund Contribution	Added (
Zip	25	29	30	Hu y		This corporation owes or has paid the of Personal Property Tax due June 30.		angibie] No
24	9, Name and Address of Current		301			10. Name and Address of New Registere		
AV	ERY, DAVID			81	Name			
	70 FRANKLIN STREET		}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	LLYWOOD FL 33024		-	0.	Street Addre	BSS (P.O. DOX NOTIDE) IS NOT ACCEPTABLE,		
			Ī	83				
			†	84	City	F	85 Zip 0	Code
44 Divengent	to the provincions of Spections 607 0602	2 and 607 1508 Florida Statute	oe the at	-Ave	-named corn			s 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, Section 607.0505, Florida Statutes.								
SIGNATURE Signature Ivoid or profiled name of registered agent and title if applicable (NOTE, Registered Agent sonature required when reinstaling) DATE								
12,	Signature, typod or printed name of registered agen OFFICERS AND		. Registered	I Ağei	al signature require	ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE	PI	DELETE	1.1 7/7	ſLE		(1881) (613) 617 (1881)	Change	Addition
NAME	AVERY, DAVID		1.2 NA	1.2 NAME				
STREET ADDRESS	6470 FRANKLIN STREET		1.3 ST		ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 C/J	IY-SI	T - ZIP			
TITLE	V DELETE		2 1 TiT	2 1 TiTLE			Change	Addition
NAME	AVERY, JULIA		2.2 NA	2.2 NAME				
STREET ADDRESS	6470 FRANKLIN STREET		2.3 ST		ADDRESS			ļ
CITY-ST-ZIP	HOLLYWOOD FL 33024				ST-ZIP		- Ohanna	- d delition
TITLE	S AUCDY MICHAEL	☐ DELETE		3.1 TITLE			Change	☐ Addition
NAME	AVERY, MICHAEL 6470 FRANKLIN STREET		3.2 NAME		1			
STREET ADDRESS	HOLLYWOOD FL 33024				ADDRESS			
CITY-ST-ZIP	HOLLINOUD FL 33024	DELETE	3.4. Cl		J-ZIP		Change	Addition
TITLE		LJ VELCIL	4.1 III		1		E Change	
NAME OTOTET ADDRESS					ADDRESS			
STREET ADDRESS			4.4 CITY - S					
CITY-ST-ZIP TITLE		DELETE	5.1 TIV		I-Zir		Change	Addition
NAME			5.2 NA		ł			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT					
TITLE		DELETE	6.1 TITLE		, <u></u>		Change	Addition
NAME			6.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	•		6.4 CIT	TY- \$1	T-ZIP			
				-			114 11 11	

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 of 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 of 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 onlan attainment with an address.

ATTOM ASTON WAVEOUR CARL SY 19