FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0358936

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90066 011 ***150.00

DOCUMENT # V08979

1. Corporation Name

D A AVIATION, INC.

Principal Place of Business	Mailing Address
292 ORANGE GROVE RD PALM BEACH FL 33480 US	292 ORANGE GROVE RD PAM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01/23/1992

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **65-0391741**	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24] / Country [25]	Zip [29] / Country [30]	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEIL BONER **292 ORANGE GROVE ROAD** **PALM BEACH FL 33480**	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PST** ☐ DELETE NAME **BONER, NEIL** STREET ADDRESS **1645 PALM BCH LAKES BLVD** CITY-ST-ZIP **WEST PALM BEACH FL**		1.1 TITLE *PST* 1.2 NAME *BONER, NEIL* 1.3 STREET ADDRESS *292 ORANGE GROVE RD* 1.4 CITY-ST-ZIP *PALM BEACH FL*	☑ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **BONER, NEIL** STREET ADDRESS **1645 PALM BCH LAKES BLVD** CITY-ST-ZIP **WEST PALM BEACH FL**		2.1 TITLE *D* 2.2 NAME *BONER, NEIL* 2.3 STREET ADDRESS *292 ORANGE GROVE RD* 2.4 CITY-ST-ZIP *PALM BEACH FL*	☑ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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: _____   1-25-99   561 655-2347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #