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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENTI OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V22570

(8)

AMERICAN AIR VENTURES, INC.

FILED Aug 08 1997 8:00am Secretary of State



Principal Place 5955 T G LEE SUITE 150 ORLANDO FL		Mailing Address 5955 T G LEE BLVD SUITE 150 ORLANDO FL 32822-4406				
				 Date incorporated or Qualified 03/06/1992 	3a. Date of Last Report 02/08/1996	
2. Principal F	Place of Business LEEDW	2a. Mailing Address	·	4. FEI Number	Applied For	
Sulte, Apt.		26		65-0315895	Not Applicable	
22 2	50	Suite, Apt. III, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 0 0	MADO, +L	28 City & 1879	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
2028	22 25 COUNTY JA	Zip 30	Country	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes No	
	9. Name and Address of Current			10. Name and Address of New Re-		
FRY, MICHAEL L 5955 T G LEE BLVD SUITE 150			81 Name 82 Street Add	me eot Address (P.O. Box Number is Not Acceptable)		
FT.	LAUDERDALE FL 32822		83 84 City			
, I					FL 85 Zip Code	
agent. Fa	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the offigation.	and 607.1508, Florida Statutes, th Florida. Such change was autho ons of, Section 607.0505, Florida	ne above-named cor prized by the corpora Statules.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and tile if applicable (NOTE Reg	istered Agent signature requ	ured when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PVST	☐ DELETE	1,1 TALE		ERS AND DIRECTORS IN 12 Change Addition	
NAME	FRY, MICHAEL L		1.2 NAME			
STREET ADDRESS	5955 T.G. LEE BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822		1.4 C(1Y - S1 - Z(P			
TITLE		DELETE :	2.1 TITLE	• •	Change Addition	
NAME		<u> </u>	2.2 NAME			
CITY - ST - ZIP			2.4 CITY - ST - ZIP			
TITLE			3.1 TITLE		Change Addition	
NAME			3.2 NAME ^{\$}		,	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		!	3.4. CITY - ST - ZIP			
TITLE			4.1 TITLE		Change Addition	
NAME]	4. 2 NAME			
STREET ADDRESS	1	1.	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
XI.E		DELETE	5.1 T/TLE		Change Addition	
ME			5.2 NAME		PE	
STATEET ADDRESS			5.3 STREET ADDRESS		18.8	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	ACCCCCCA	Change Addition	
NAME] .		62 NAME	40000226 -08/11/970108	5001	
STREET ADDRESS			6.3 STREET ADDRESS	***550.00	,uu.	
CITY-ST-ZIP			6.4 CITY-S1-7IP		164	
14 I do bara	by cartify that the information europlied a	with this filing document quality for	the exemption state	ed in Section 119.07(3)(i). Florida Statutes	s. Fruither certify that the L	

nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that justed enhywered to execute this report as required by Chapter 607, Florida Statules; and that my name information indicated on this annual report or supplemental I am an officer or director of Ih Corporation or the rappears in Block 12 or Block 11/1 changed, or one