


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

FILED

Apr 28 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 # V25829 (5) 1. Corporation Name ATLANTIC AVIATION ASSOCIATES INCORPORATED			
Principal Place of Business 8977 HERLONG RD SUITE 4 JACKSONVILLE FL 32210		Mailing Address 8977 HERLONG ROAD SUITE 4 JACKSONVILLE FL 32210-2334 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 03/31/1992		3a. Date of Last Report 08/01/1996	
4. FEI Number 59-3112463		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent VITTITOW, MARK R. 8977 HERLONG RD SUITE 4 JACKSONVILLE FL 32210		10. Name and Address of New Registered Agent 81 Name JACK H. VITTITOW 82 Street Address (P.O. Box Number is Not Acceptable) 8977 HERLONG RD 83 SUITE 4 84 City JACKSONVILLE FL 85 Zip Code 32210	
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 <i>Jack H. Vittitow</i> DATE 107-977			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	DELETED	
NAME	VITTITOW, MARK R	<input checked="" type="checkbox"/>	
STREET ADDRESS	3063 MCGRITS BLVD, NORTH		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	V	<input checked="" type="checkbox"/>	
NAME	VITTITOW, SUSAN		
STREET ADDRESS	3963 MCGRITS BLVD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	S	<input type="checkbox"/>	
NAME	VITTITOW, SUSAN		
STREET ADDRESS	3963 MCGRITS BLVD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	T	<input checked="" type="checkbox"/>	
NAME	VITTITOW, MARK R		
STREET ADDRESS	3963 MCGRITS BLVD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		<input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	<input checked="" type="checkbox"/> Addition	
1.2 NAME	JACK H. VITTITOW		
1.3 STREET ADDRESS	8977 HERLONG RD.		
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32210		
2.1 TITLE	V	<input checked="" type="checkbox"/> Addition	
2.2 NAME	MARK VITTITOW		
2.3 STREET ADDRESS	126 WINDEMERE RD		
2.4 CITY-ST-ZIP	SYRACUSE NY 13219		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	VITTITOW SUSAN		
3.3 STREET ADDRESS	126 WINDEMERE RD		
3.4 CITY-ST-ZIP	SYRACUSE NY 13219		
4.1 TITLE	T	<input checked="" type="checkbox"/> Addition	
4.2 NAME	JACK H. VITTITOW		
4.3 STREET ADDRESS	1171 SOUTH LANE AVE.		
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32210		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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 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, changed or on an attachment, with an address.			
SIGNATURE: <i>Mark R. Vittitow</i> 1-7-97 904-693-4577			

CR2E034 (9/96)