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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

AVIS AIRCRAFT SALES, INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1.396 EBNRTT DR 1.395 EBNRTT DR 1.0000000 FL 32750 2.500
LONGWOOD FL 32750 LONGWOOD FL 32750 LONGWOOD FL 32750 LONGWOOD FL 32750 A Date Incorporated or Qualified O4/20/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 359-3211885 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc. 2c. City & State 2d. Country 2d. 2
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2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 2a, Mailing Address 5. Certificate of Status Desired Not Applicable 3. Suite, April #, etc. Suite, Apri
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Zip Country Zip 23 30 Country 23 Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent SAUNDERS, JAMES D 1356 BENNETT DR LONGWOOD FL 32750 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Forida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and 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, and provided agent and of registered agent, and accept the obtained agent and still application. NOTE: Registered Agent statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. STREET ADDRESS 1356 BENNETT DR 1358
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1356 BENNETT DR LONGWOOD FL 32750 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)
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City ### Labove-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, and accept the obligations of, Section 607.050S, Florida Statutes. Signature Signature
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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.

6.4 CITY-ST-ZIP

IRED

1998 407-331-8233