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 # V35910

(1)

CROSSLAND AVIATION SERVICES, INC.

(

FILED
May 08 1998 8:00am
Secretary of State

| Principal Place | e of Business | Mailing Address | | a tamin minnte bildi missa shrar mhii marr | atast Affits Affits abass albit bildte ina |
|---|---|----------------------------------|-------------------------|--|--|
| 2424 N CONGRESS AVE 1000 PALM BEACH INTEL | | 1000 PALM BEACH INTERN | IATIONAL AIRPORT | | |
| SUITE C STE. 106 | | | |] | |
| WEST PALM BEACH FL 33409 WEST PALM BOH. FL 334 | | | 16 | DO NOT WRITE I | N THIS SPACE |
| US | | | | 3. Date Incorporated or Qualified 05/11/1992 | |
| 2. Principal Pi | R NW 73WAY | 2a. Mailing Address | 100.1011 | 4. FEI Number | Applied For |
| | | 26 3978 Nu |) 13WAY | 65-0584735 | Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | • | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | City & State | | | Fee Required |
| CORA | L SPRINGS, FLA | 28 CORAL SAR | INIAS FIA | 6. Election Campaign Financing | \$5.00 May Be |
| Zip Zip | Country | Zip_ | Country | Trust Fund Contribution | Added to Fees |
| 24 ¹ 336 | 65 25 USA | 29 733065 | ล ับร <i>ล</i> | This corporation owes or has paid Personal Property Tax due June 3 | . |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Reg | |
| | | | | | |
| CARDWELL, RONALD R 3978 N.W. 73 WAY | | | | | |
| CORAL SPRINGS FL 33065 | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable |)) |
| | NAL SPINITOS PL 33003 | | 63 | | |
| 1 | | | | | |
| | | | 84 City | | FL 65 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 Signature, typed or printed hame of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | CEO | DELETE | 1.1 TITLE | | Change Addition |
| NAME | CARDWELL, RONALD R | | 1.2 NAME | | 13 |
| STREET ADDRESS | 3978 NW 73 WAY | | 1.3 STREET ADDRESS | | l. |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | | 1.4 CITY-ST-ZIP | | |
| TITLE | Ρ | DELETE | 2.1 TITLE | | Change Addition |
| NAME | DIETSCHY, WAYNE | | 2.2 NAME | |] |
| STREET ADDRESS | 2121 N.E. 1ST COURT, APT. 2 | 02 | 2.3 STREET ADDRESS | | ļ |
| City-St-ZIP | BOYNTON BCH. FL 33435 | | 2 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | Ĭ |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | DELEYÉ | 4.1 TITLE | | Change Addition |
| NAME | • | | 4. 2 NAME | | } |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | |) |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | ľ |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | |) |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |
| 14. I hereby c | ertify that the information supplied with | this filing does not qualify for | the exemption stated in | Section 119.07(3)(i), Florida Statutes. I fu | irther certify that the information |

1. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that it enformation 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 eath; that I am an officer or director of the consoration or the recoiver 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.

SIGNATURE:

Cardwell

3-21-98 561-687-308