

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44068 (7)

1. Corporation Name

SOUTHERN AVIATION TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

1621 BILOXI COURT
ORLANDO FL 32818

1621 BILOXI COURT
ORLANDO FL 32818

3. Date Incorporated or Qualified

06/15/1992

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 391 HERNDON AVENUE

26 391 HERNDON AVE

4. FEI Number

59-3129262

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

22 HANGAR 79

27 HANGAR 79

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32803

25 USA

29 32803

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLASING, ELENA M
1621 BILOXI COURT
ORLANDO FL 32818

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

Signature, typed or printed name of registered agent and if not applicable

(If NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT
NAME KLASING, ELENA M
STREET ADDRESS 1621 BILOXI CT
CITY - ST - ZIP ORLANDO FL ☐ DELETE

11 TITLE ☐ Change ☐ Addition

TITLE PS
NAME KLASING, MICHAEL A
STREET ADDRESS 1621 BILOXI CT
CITY - ST - ZIP ORLANDO FL ☐ DELETE

12 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

15 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

16 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elena M. KLASING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96 (407)896-0442
Date Daytime Phone #

CR2E034 (3/96)