

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54059

(3)

1. Corporation Name

ZAPPIA AVIATION INC.

Principal Place of Business

6370 NORTHWEST 7TH STREET
PEMBROKE PINES FL 33024

Mailing Address

6370 NORTHWEST 7TH STREET
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0359301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 6715 MIAMI LAKES DR

2a. Mailing Address

26 6715 MIAMI LAKES DR

Suite, Apt. #, etc.

22 C-110

Suite, Apt. #, etc.

27 C-110

City & State

23 MIAMI LAKES FL

City & State

28 MIAMI LAKES FL

Zip

24 33014

Country

25 USA

Zip

29 33014

Country

30 USA

9. Name and Address of Current Registered Agent

ZAPPIA, JOHN D.
6370 NORTHWEST 7TH STREET
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

JOHN D. ZAPPIA

82 Street Address (P.O. Box Number is Not Acceptable)

6715 MIAMI LAKES DR. APT C110

83

84 City

MIAMI LAKES

FL

85 Zip Code

33014

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

John D. Zappia

(NOTE: Registered Agent signature required when reinstating)

4/2/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ZAPPIA, JOHN D.
6370 N.W. 7TH STREET
PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
JOHN D. ZAPPIA
6715 MIAMI LAKES DR. C110
MIAMI LAKES, FL 33014
☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 110.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

John D. Zappia

4/2/95

871-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #