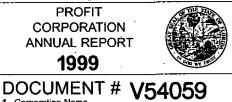
**PROFIT CORPORATION** ANNUAL REPORT 1999

ZAPPIA AVIATION INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90320 037 \*\*\*150.00

	•				)			
Principal Place of Business Mailing Address						1 (\$3(t \$)100) otto otto otto otto )2/1 ott	): <b>01011 6:011 010</b>	[
8441 N.W. 7 CC C-110 PEMBROKE PIN	•	8441 NW 7 CT PEMBROKE PINES FL 33 US	PEMBROKE PINES FL 33024			DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed 07/27/1992		
2. Principal Place of Business .				4.00		4. FEI Number		Applied For
21 26						65-0359870	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. # 27			etc.			5. Certifcate of Status Desired See Required Fee Required		
City & State City & State				.,		6. Election Campaign Financing Trust Fund Contribution	1 1 1	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25	29 30				Personal Property Tax.		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
7405	NI IOINI B		1	31 Nam	ne			i
ZAPPIA, JOHN D. 8441 N.W. 7 CT.			1	32 Stre	et Addres	ddress (P.O. Box Number is Not Acceptable)		
PEMI	BROKE PINES FL 33024		1	33				
				34 City				p Code
office or re agent. I ar	to the provisions of Sections 607.05 agistered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida. Such change was	authorized i	by the co	ed corpor orporation	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing pointment as	its registered registered !
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					ure required w	then reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D .	☐ DELETE	1.1 TITL	E			☐ Chang	ge 🔲 Addition
NAME	Zappia, John D.		1.2 NAM	E				Ì
STREET ADDRESS			1.3 STR	1.3 STREET ADDRESS			•	ĺ
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP				
TITLE	☐ DELETE		2.1 TITL	E		•	☐ Chang	ge
NAME			2.2 NAM	E				}
STREET ADDRESS		•	2.3 STR	EET ADDRE	SS			
CITY-ST-ZIP		····	2.4 CIT	Y-ST-ZIP				
TITLE	☐ DELETE 3:		3.1 TITL	3.1 TITLE		أأحراب والمراضوان	☐ Chang	je _ 🔲 Addition 🕴
NAME	المحاورة بيناني أبوالحوار والرابي	and the same of the same of the same	3.2 NAM	E	[ " -			l
STREET ADDRESS			3.3 STR	EET ADDRE	iss			Ţ
CITY-ST-ZIP	·		_	Y-ST-ZIP				- Addition
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NAME			4. 2 NA	νΈ			-	
STREET ADDRESS			4.3 STR	EET ADDRE	:ss			
CITY-ST-ZIP			_	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITE			•	Chang	ge
NAME			5.2 NAA					
STREET ADDRESS	* •			EET ADORE	SS			}
CITY-\$T-ZIP		<u>-</u>		-ST-ZIP				
TITLE		□. DELETE	6.1 TITL				☐ Chang	ge
NAME	. *.		6.2 NAN					1
STREET ADDRESS				EET ADDRE	SS		•	Ì
CITY-ST-ZIP		•	6.4 CIT	/-ST-ZIP				

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, of on applicachment with an address, with all other like empowered.

**SIGNATURE:** 

3028112222