

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000026163 (3)

1. Corporation Name
PENN YAN AEROPARTS OF FLORIDA, INC.



Principal Place of Business: **615-C HERNDON AVENUE ORLANDO FL 32803**
Mailing Address: **615-C HERNDON AVENUE ORLANDO FL 32803**

3. Date Incorporated or Qualified: **04/06/1994** 3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-3233870** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **MIDDLEBROOK, DARYL L 615-C HERNDON AVENUE ORLANDO FL 32803**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEBROOK, DARYL L	1.2 NAME	
STREET ADDRESS	2612 SISSON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENN YAN (NK) 14527	1.4 CITY-ST-ZIP	PENN YAN NY 14527
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEBROOK, PATRICIA	2.2 NAME	
STREET ADDRESS	2612 SISSON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENN YAN (NK) 14527	2.4 CITY-ST-ZIP	PENN YAN NY 14527
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VICE PRESIDENT
STREET ADDRESS		3.3 STREET ADDRESS	SWARTOUT, NANCY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	224 BUFFALO STREET CANANDAIGUA NY 14424
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	MIDDLEBROOK, WILLIAM
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2612 SISSON ROAD PENN YAN
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Bank deposit \$200.00
CITY-ST-ZIP		6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patricia Middlebrook** 4-8-96 315 536 2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PATRICIA MIDDLEBROOK TREASURER** SG-5-1-96

CR2E034 (12/95)