

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90008 034 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000004539**
 Corporation Name
MAGNUM AVIATION SERVICES CORP.



| | |
|---|--|
| Principal Place of Business 77 S. FLAGLER DRIVE SUITE 1000 E. WEST PALM BEACH FL 33402 | Mailing Address 777 S. FLAGLER DRIVE SUITE 1000 E. WEST PALM BEACH FL 33402 |
|---|--|

DO NOT WRITE IN THIS SPACE

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|--|--|--|
| Principal Place of Business <i>197 First Avenue</i> | 2a. Mailing Address <i>197 First Avenue</i> | 3. Date Incorporated or Qualified 01/17/1995 |
| Suite, Apt. #, etc. <i>25</i> | Suite, Apt. #, etc. <i>26</i> | 4. FEI Number 65-0563286 |
| City & State <i>Needham, MA</i> | City & State <i>Needham MA</i> | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip <i>02494</i> | Zip <i>02494</i> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Country | Country | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent HUNT, THOMAS P 777 S. FLAGLER DRIVE SUITE 1000 E. WEST PALM BEACH FL 33402 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
|---|---|

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE: _____ |
|--|--|--|
| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME PD GOSMAN, MICHAEL STREET ADDRESS 197 FIRST AVENUE ST-CITY NEEDHAM MA 02194 | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| NAME VTS GOSMAN, ANDREW STREET ADDRESS 197 FIRST AVENUE ST-CITY NEEDHAM MA 02194 | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| NAME S CLARY, JAMES M STREET ADDRESS 197 FIRST AVENUE ST-CITY NEEDHAM MA 02194 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <i>S Deterral, Jeffrey P. 197 First Avenue Needham MA 02494</i> |
| NAME | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| NAME | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| NAME | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

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, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE REQUIRED

CR2E034 (5/99)