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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700002385

FLIGHT DECK SPECIALISTS, INC.

B	(D)	Marilla Ada							
	ce of Business	Mailing Address							
6330 HUTCHIN		6330 HUTCHINSON RD							
MIAMI LAKES US	FL 33U14	MIAMI LAKES FL 33014	MIAMI LAKES FL 33014 US			DO NOT WRITE IN THIS SPACE			
30		00				3. Date incorporated or Qualifed	O ACE		
	N					01/09/1997	 		_
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	_ :
21	16.	26				65-0718174	<u> </u>	Not Applicable	8
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State				6. Election Campaign Financing	\$5.	00 May Be	
23		28				Trust Fund Contribution	Ado	ded to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year In	ntangible		
24	25	29	30			Personal Property Tax.	Yes Yes	□No	
	9. Name and Address of Curren	it Registered Agent		١.,		10. Name and Address of New Registered	d Agent		_ .
¥∩t	RDIN DAVID A	•		81	Name	•			
KOBRIN, DAVID A 8900 SW 107TH AVE. STE 206				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33176			83					:
				84	City		85	Zip Code	
office or	registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by th	named corpo he corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing cintment a	g its registered is registered	
									- [
42	Signature, typed or printed name of registered agen			Agent s	signature required		ND DIDE	OTO DO 111 40	_ 6
12.	OFFICERS AN	D DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICERS A			
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90017 046 ***150.00