

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 516270 (6)

1. Corporation Name

AERONAUTIQUE, INC.



Principal Place of Business

2850 PALM AIR DR N 305
POMP BCH FL 33069

Mailing Address

P.O. BOX 24885
FORT LAUDERDALE FL 33307-4885

3. Date Incorporated or Qualified
10/12/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 5720 NE 22 WAY

2a. Mailing Address
26 PO BOX 24885

4. FEI Number
59-1922879

Applied For
Not Applicable

Suite, Apt. #, etc.
22 405

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 FT LAUDERDALE, FL

City & State
28 FT LAUDERDALE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 33307

Country
25 BROWARD

Zip
29 33307

Country
30 BROWARD

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAWLS, ROBERT M
2850 PALM AIR DR. N. #305
POMPANO BCH. FL 33069

81 Name NAME REMAINS UNCHANGED.

82 Street Address (P.O. Box Number is Not Acceptable)
5720 NE 22 WAY #405

83

84 City FT LAUDERDALE FL 85 Zip Code 33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 ROBERT M. RAWLS

1 MARCH 1996

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME RAWLS, ROBERT M
STREET ADDRESS 2850 PALM AIR DR N #305
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VST ☒ DELETE
NAME RAWLS, ROBERT M
STREET ADDRESS 2850 PALM AIR DR N #305
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☒ DELETE
NAME RAWLS, ROBERT M
STREET ADDRESS 2850 PALM AIR DR N #305
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME RAWLS, ROBERT M.
1.3 STREET ADDRESS 5720 NE 22 WAY #405
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308

2.1 TITLE VST ☒ Change ☐ Addition
2.2 NAME HELEN H. STEELE
2.3 STREET ADDRESS 2541 MIDDLE RIVER DRIVE
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33305

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME R. PAUL BRYANT
3.3 STREET ADDRESS 2032 NE 29 STREET
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33306

4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME ALLAN F. McELHINEY
4.3 STREET ADDRESS 1142 NW 15 ST
4.4 CITY-ST-ZIP FT LAUDERDALE, FL 33311

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information reported 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 its 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT M. RAWLS

1 MARCH 1996

954-771-4250

CR2E034 (12/95)