FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAY -1 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L44867

1. Corporation Name

K.L.I. AERO SERVICES, INC.

Principal Place of Business	Mailing Address
888 S. Andrews Avenue Suite 308 Ft Lauderdale, FL 33316	4900 W. Oakland Park Blvd. Suite 306 Ft Lauderdale, FL 33313

3. Date Incorporated or Qualified: 01/25/1990
3a. Date of Last Report: 04-05-94
4. FEI Number: 65-0188811 — 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	2a. Mailing Address
21 900 Dories Lane	26 c/o 600 S. Andrews Avenue
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Lewisburg, TN	City & State 28 Ft. Lauderdale, FL
Zip 24 37091 — Country 25 USA	Zip 29 33301 — Country 30 USA

9. Name and Address of Current Registered Agent

WOLF, GARY
4900 W. Oakland Park Boulevard
Fort Lauderdale, FL 33313

10. Name and Address of New Registered Agent

81 Name: Green, Bruce David
82 Street Address (P.O. Box Number is Not Acceptable): 600 S. Andrews Avenue
83 Suite 400
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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 [signature] 3-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1 1 TITLE	☐ Change ☐ Addition
NAME	WOLF, GARY	1 2 NAME	
STREET ADDRESS	4900 W. Oakland Park Boulevard	1 3 STREET ADDRESS	900 Dories Lane
CITY ST ZIP	Ft. Lauderdale, FL 33313	1 4 CITY ST ZIP	Lewisburg, TN 37091
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	200001492202
STREET ADDRESS		3 3 STREET ADDRESS	-05/17/95--01153--023
CITY ST ZIP		3 4 CITY ST ZIP	****200.00 ****200.00
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	JeB
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	5-1-95

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: [signature] 3-28-95 (615) 270-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #