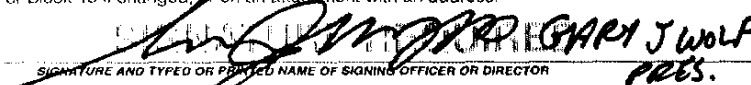


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L44867 (4) 1. Corporation Name K.L.I. AERO SERVICES, INC.					
Principal Place of Business 900 DORIES LANE LEWISBURG TN 37091 US			Mailing Address C/O 600 S. ANDREWS AVE. STE. #400 FT. LAUDERDALE FL 33301 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 02/13/1996	
22 City & State		27 City & State		4. FEI Number 65-0188811	
23 Zip		28 Zip		Applied For ☐ Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GREEN, BRUCE D 600 S. ANDREWS AVE. STE. #400 FT. LAUDERDALE FL 33301			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85			86 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME DP WOLF, GARY			1.2 NAME		
STREET ADDRESS 900 DORIES LANE			1.3 STREET ADDRESS		
CITY-ST-ZIP LEWISBURG TN 37091			1.4 CITY-ST-ZIP		
2.1 TITLE ☐ DELETE			2.2 NAME		
2.2 NAME			2.3 STREET ADDRESS		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE ☐ DELETE			3.2 NAME		
3.2 NAME			3.3 STREET ADDRESS		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
4.1 TITLE ☐ DELETE			4.2 NAME		
4.2 NAME			4.3 STREET ADDRESS		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE ☐ DELETE			5.2 NAME		
5.2 NAME			5.3 STREET ADDRESS		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE ☐ DELETE			6.2 NAME		
6.2 NAME			6.3 STREET ADDRESS		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
14. I do 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:  GARY J WOLF PRES. 2/1/97 615-270-1278					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)