FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 19965-1-96 \_ 50 4600F CORPORATIONS P94000026140 (1) **DOCUMENT #**  Corporation Name PRECISION AIR SYSTEMS, INC. Principal Place of Business Mailing Address 1498 12TH FAIRWAY 1498 12TH FAIRWAY WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 04/04/1994 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 4. FEI Number 65-0480483 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOTALIK, TERRY Street Address (P.O. Box Number is Not Acceptable) 1498 12TH FAIRWAY 82 WEST PALM BEACH FL 33414 83 84 City 85 Zip Code FI 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIFFECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Ð TITLE DELETE 1. 1 Hft F KOTALIK, TERRY Change Addition NAME 12 NAME 1498 12TH FAIRWAY STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33414 DITY-ST-ZIP 1.4 CITY - ST - 2IP Ð TITLE [ ] DELETE 2 1 TITLE Change KOTALIK, SY Addition NAME 2.2 NAME 1498 12TH FAIRWAY STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33414 DITY-ST-ZIP 2.4 CITY - ST-ZIP TITLE DELETE 3 1 TITLE Change [ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- ZIP TITLE DELETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5 111146 ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 City - ST- ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY - S1 - ZiP I do hereby certify that the information instruction oath; that I am an officer or die ipplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 the corporation or the receiver intrusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bl

4/29/96 (407)791-3980

SIGNATURE: