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 # S01522 (9)

1. Corporation Name
74 AERO CLUB, INC.

Principal Place of Business
5363 DESMOND LANE
ORLANDO FL 32821
US

Mailing Address
5363 DESMOND LANE
ORLANDO FL 32821
US

3. Date Incorporated or Qualified: 07/23/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3030915 — 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
21 1741 MOHAWK TRAIL
22 Suite, Apt. #, etc.
23 City & State: MAITLAND, FL
24 Zip: 32751
25 Country: US

2a. Mailing Address
26 1741 MOHAWK TRAIL
27 Suite, Apt. #, etc.
28 City & State: MAITLAND, FL
29 Zip: 32751
30 Country: US

9. Name and Address of Current Registered Agent
KENNEDY, JAY R
5363 DESMOND LANE
ORLANDO FL 32821

10. Name and Address of New Registered Agent
81 Name: JOHN R. HENDERSON
82 Street Address (P.O. Box Number is Not Acceptable): 1741 MOHAWK TRAIL
83
84 City: MAITLAND FL
85 Zip Code: 32751

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE: 4-1-96

12. OFFICERS AND DIRECTORS

TITLE	PT	☑ DELETE
NAME	KENNEDY, JAY R	
STREET ADDRESS	5363 DESMOND LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	☑ DELETE
NAME	BONILA, RAMIREZ E	
STREET ADDRESS	9315 SPRINGVALE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☑ DELETE
NAME	REED, JOHN E.	
STREET ADDRESS	1201 CORNERSTONE CT	
CITY-ST-ZIP	ORLANDO FL	
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	P	☑ Change ☐ Addition
1.2 NAME	BOB HAYDEN	
1.3 STREET ADDRESS	4812 BRIDGEWATER DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32817	
2.1 TITLE	VP	☐ Change ☐ Addition
2.2 NAME	ED ROCKWELL	
2.3 STREET ADDRESS	3320 S.M.V COURT	
2.4 CITY-ST-ZIP	WINTER PARK, FL. 32817	
3.1 TITLE	ST	☐ Change ☐ Addition
3.2 NAME	JOHN R. HENDERSON	
3.3 STREET ADDRESS	1741 MOHAWK TRAIL	
3.4 CITY-ST-ZIP	MAITLAND, FL. 32751	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-1-96 — Daytime Phone #: (407)629-2814

CR2E034 (12/95)