**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # 171350 (2)

1. Corporation Name

**DEAN H. FRANKLIN AVIATION ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3402 SOUTHWEST 9TH AVENUE<br>FORT LAUDERDALE FL 33315<br>US | 3402 SOUTHWEST 9TH AVENUE<br>FORT LAUDERDALE FL 33315<br>US |

3. Date Incorporated or Qualified: 12/01/1952
3a. Date of Last Report: 07/13/1995
4. FEI Number: 59-0699233 ☐ 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 15195 N.E. 21 ST AVENUE | 26 15195 N.E. 21ST AVENUE |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc |
| 23 N. MIAMI BEACH FL | 28 N. MIAMI BEACH FL |
| 24 Zip 33162 25 Country USA | 29 Zip 33162 30 Country USA |

9. Name and Address of Current Registered Agent

**FRANKLIN, JEANNE**
**3402 SOUTHWEST 9TH AVENUE**
**FORT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81 Name: FRANKLIN JEANNE
82 Street Address (P.O. Box Number is Not Acceptable): 15195 N.E. 21 ST AVENUE
83: N. MIAMI BEACH, FL
84 City: FL 85 Zip Code: 33162

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FRANKLIN, JEANNE<br>3402 SOUTHWEST 9TH AVENUE<br>FORT LAUDERDALE FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | PD<br>FRANKLIN JEANNE<br>15195 N.E. 21ST AVENUE<br>N. MIAMI BEACH, FL 33162 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>FRANKLIN, DEAN H.<br>3402 SOUTHWEST 9TH AVENUE<br>FORT LAUDERDALE FL | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | VP<br>FRANKLIN, DEAN H.<br>15195 N.E. 21ST AVENUE<br>N. MIAMI BEACH, FL 33162 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Jeanne Franklin JEANNE FRANKLIN 8/1/96 305 949-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065032 CP