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
95 MAR 23 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 850778 (2)

1. Corporation Name
PAGE AVJET CORPORATION

Principal Place of Business	Mailing Address
9955 BENFORD RD ORLANDO FL 32827	9955 BENFORD RD ORLANDO FL 32827

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1981
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 9809 Tradeport Dr.
Suite, Apt. #, etc. 22
City & State 23 Orlando, FL
Zip 24 32827 Country 25 USA

2a. Mailing Address
26 9809 Tradeport Dr.
Suite, Apt. #, etc. 27
City & State 28 Orlando, FL
Zip 29 32827 Country 30 USA

4. FEI Number: 34-1348298 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Elizabeth A Haskins 3/13/95
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	PD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	GUSTAFSON, R A	1.2 NAME	Elizabeth A. Haskins	
STREET ADDRESS	4572 COMMANDER DR	1.3 STREET ADDRESS	201 S.Orange Ave.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	V	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SULLIVAN, THOMAS J. JR.	2.2 NAME	Paul J. Mokris	
STREET ADDRESS	7529 WETHERSFIELD DRIVE	2.3 STREET ADDRESS	201 S. Orange Ave. #1100	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VSD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HANUS, THOMAS J.	3.2 NAME	Greg J. Murrer	
STREET ADDRESS	8832 S.BAY DRIVE	3.3 STREET ADDRESS	60 Logan S. HarborSide	
CITY-ST-ZIP	ORLANDO FL 53	3.4 CITY-ST-ZIP	Boston, MA 02128	
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		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Elizabeth A Haskins 3/13/95 16:48:72005
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410340 FP