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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F59140** **(6)**

1. Corporation Name

GEMINI AIRCRAFT CORPORATION

Principal Place of Business	Mailing Address
1195 W. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442	1195 W. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: **12/22/1981**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business	2a. Mailing Address
21 2301 NW 33RD COURT	26 2301 NW 33RD COURT
Suite, Apt. #, etc. 22 SUITE 103	Suite, Apt. #, etc. 27 SUITE 103
City & State 23 POMPANO BEACH, FL	City & State 28 POMPANO BEACH, FL
Zip / Country 24 33069 / 25 USA	Zip / Country 29 33069 / 30 USA

4. FEI Number: **59-2164450** ☐ 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

9. Name and Address of Current Registered Agent

RUSSELL BATTYE
1195 W. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: RUSSELL BATTYE
82 Street Address (P.O. Box Number is Not Acceptable): 2301 NW 33RD COURT
83 SUITE 103
84 City: POMPANO BEACH **FL** 85 Zip Code: 33069

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: _____ 2/14/96
Signature, typed or printed name of registered agent and title if officer or director (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BATTYE, RUSSELL 1195 W NEWPORT CENTER DR DEERFIELD BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	STD BATTYE, RUSSELL 2301 NW 33RD CT. SUITE 103 POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KUEHNERT, JAMES 1195 W NEWPORT CENTER DR DEERFIELD BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD KUEHNERT, JAMES 2301 NW 33RD CT. SUITE 103 POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Russell H. Battye 2/14/96 954-970-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)