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 # **F94000005832 (0)**

1. Corporation Name

AVIATION MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
5850 T.G. LEE BLVD SUITE 500 ORLANDO FL 32822 US	5850 T.G. LEE BLVD SUITE 500 ORLANDO FL 32822 US

3. Date Incorporated or Qualified: **11/10/1994**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **04-3038804** ☐ 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

SHAFFER, JOHN W
5850 T.G. LEE BLVD.
SUITE 500
ORLANDO FL 32822

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 607.1506, 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) (Both Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	SHAFFER, JOHN W		1.2 NAME		
STREET ADDRESS	~~251 CATERINA HEIGHTS~~		1.3 STREET ADDRESS	14566 MANDOLIN COURT	
CITY-ST-ZIP	~~CONCORD MA 01742~~		1.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	V	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	SHAFFER, PATRICIA A		2.2 NAME		
STREET ADDRESS	~~251 CATERINA HEIGHTS~~		2.3 STREET ADDRESS	14566 MANDOLIN COURT	
CITY-ST-ZIP	~~CONCORD MA 01742~~		2.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MADDEN, JOHN J		3.2 NAME		
STREET ADDRESS	46 DEVONSHIRE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WABAN MA 02168		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	5.1 TITLE		☑ Change ☐ Addition
NAME			5.2 NAME	200001873512	
STREET ADDRESS			5.3 STREET ADDRESS	-06/24/96--01049--012	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6-24-96 JR

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: John W Shaffer John W Shaffer 6/11/96 407-438-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)