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

| | MENT # F950 NAME ANT AVIATION INC. | 00006209 (9) |) | | 1 X 8 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X | 1811) 8811) 88118 91113 11 | <u> </u> |
|--|--|---|----------------|--|--|---|--------------------------------------|
| Principal Place of Business Mailing Address | | | | | | BAN BANA BANA BANA N | |
| 2316 BAYNARD BLVD. WILMINGTON DE 19602 2316 BAYNARD BLVD. WILMINGTON DE 19602 | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/20/1995 | 3a. Date of Las | : Report |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | 59-3343949 Not App | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | <u>'</u> | | 5. Certificate of Status Desired | | 75 Additional |
| City & State 23 | City & State City & Stat 28 | | ıte | | Election Campaign Financing Trust Fund Contribution | | .00 May Be |
| Zip 24 | Country 25 | Zip 29 | 30 Cot | ıntry | 8. This corporation has liability for i | | |
| | 9. Name and Address of Co | urrent Registered Agent | | | 10. Name and Address of New R | | |
| TARLETON, ROBERT W JR. 318 CORNELL AVE. MELBOURNE FL 32901 | | | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7370 6/uc Shires Orive | | | |
| 11. Pursuant t | o the provisions of Sections 607 | 0502 and 607 1508. Florida Statut | e the abo | B4 City Sprine | g //// pretion submits this statement for the purp | <u> </u> | Zip Code 3 46 06 |
| | | Florida Such change was authorize Section 807.0505, Florida Statutes | | corporation's box | praction submits this statement for the purport of directors. I hereby accept the apport | pose of changing it pintment as register | s registered offic ed agent. I am |
| | Signature, typed or printed name of registered | | TL: Registered | l Agent signature requir | ed when reinstating) | DATE | |
| 12. | OFFICERS AND DIFECTORS | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | CP | DELETE | 3.17 | ITLE | | ☐ Chang | e 🔲 Addition |
| NAME | TARLETON, ROBERT W J | R. | 1.2 N | AME | | | |
| STREET ADDRESS | 318 CORNELL AVE. | | 1.3 \$ | TREET ADORESS | | | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | | | ITY-S1-ZIP | | | |
| TITLE | | DELETE | 2 1 T | | | Chang | e 🔲 Addition |
| NAME | | | 22 N | AME | | | |
| STREET ADDRESS | | | 235 | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 240 | TY-ST-ZIP | | | |
| TITLE | | DELETE | 3 1 T | | | ☐ Chang | e 🔲 Addition |
| NAME | | | 200 | | | | |

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.

3.3. STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - 7IP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4. 1 TITLE

4.2 NAME

5. 1 111116

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 (213)993-5929 Date Destrict Price *

Change

Change

Change

Addition

Addition

Addition