FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000001651 (6)**

1. Corporation Name
CUSTOM AIR TRANSPORT, INC.

Principal Place of Business	Mailing Address
902 SW 34TH ST FT LAUDERDALE FL 33315	902 SW 34TH ST FT LAUDERDALE FL 33315-3403

3. Date Incorporated or Qualified: 04/02/1996
3a. Date of Last Report:
4. FEI Number: 88-0334645 ☐ 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 4101 Ravenswood Rd	26 4101 Ravenswood Rd
22 Suite 214	27 Suite 214
23 Ft. Lauderdale FL	28 Ft. Lauderdale FL
24 Zip 33312 25 Country USA	29 Zip 33312 30 Country USA

9. Name and Address of Current Registered Agent
LOWRY, MARY
902 SW 34TH ST
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent
81 Name: Debbi Ballard
82 Street Address (P.O. Box Number is Not Acceptable): 4101 Ravenswood Rd #214
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33312

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: Deborah Ballard (Type or print the name of the registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3-10-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP WELLMAN, RICHARD R 7540 LOCHNESS DR MIAMI LAKES FL 33014 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WELLMAN, LYNDA 7540 LOCHNESS DR MIAMI LAKES FL 33014 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ 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

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Lynda Wellman 3-13-97 (954) 792-8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #