CORPORATION ANNUAL REPORT 1995

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

95 MAY -1 AM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G77095 (9)

1. Corporation Name

LANDON AVIATION INCORPORATED

Principal Place of Business	Mailing Address
%NORTHERN TRUST BANK 700 BRICKELL AVE. MIAMI FL 33131	%NORTHERN TRUST BANK 700 BRICKELL AVE. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/04/1984	06/23/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

4. FEI Number: 59-2356141 ☐ 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	10. Name and Address of New Registered Agent
LYNCH III, STEPHEN A. %NORTHERN TRUST BANK OF FLORIDA N.A. 700 BRICKELL AVE. MIAMI FL 33131	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 Section(s) 607.0505 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	VASD	61 TITLE	☐ Change ☐ Addition
NAME	KOEPSEL, RONALD	62 NAME	
STREET ADDRESS	700 BRICKELL AVE.	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	64 CITY ST ZIP	
TITLE	PD	65 TITLE	☐ Change ☐ Addition
NAME	LYNCH III, STEPHEN A.	66 NAME	
STREET ADDRESS	700 BRICKELL AVE.	67 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	68 CITY ST ZIP	
TITLE		69 TITLE	☐ Change ☐ Addition
NAME		70 NAME	
STREET ADDRESS		71 STREET ADDRESS	
CITY ST ZIP		72 CITY ST ZIP	
TITLE		73 TITLE	☐ Change ☐ Addition
NAME		74 NAME	
STREET ADDRESS		75 STREET ADDRESS	
CITY ST ZIP		76 CITY ST ZIP	
TITLE		77 TITLE	☐ Change ☐ Addition
NAME		78 NAME	
STREET ADDRESS		79 STREET ADDRESS	
CITY ST ZIP		80 CITY ST ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY ST ZIP		84 CITY ST ZIP	

14. I, the undersigned, 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 above, or on an attachment with an address.

SIGNATURE: Ronald E. Koepsel 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0131836 CP