SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION " Sandry'B Mortham FILED ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1996 96 DEC 31 AH 7:41 DOCUMENT # (8)H26973 SECRETARY OF STATE B & M CLASSIC AERO, INC. Principal Place of Business Mailing Address REINSTATEMENT OLD 20 WEST WALNUT ST. ARCADIA FL 33821-3928 20 WEST WALNUT ST. ARCADIA FL 33821-3928 Date Incorporated or Qualified
 10/24/1984 3a. Date of Last Report 07/31/1995 2. Principal Place of Business 3741 Runway Street 4. FEI Number Applied For 2a. Mailing Address 26 3741 Runway Street 59-2468861 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired \Box Fee Required 27 22 N. Ft. Myers, FL Cuy& State N. Ft. Myers, FL \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country a. This corporation has liability for Intangible tax under s. 199.032, Country 7in 33917 Leé X Yes No Lee Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent William W. Moss MOSS, WILLIAM W. Street Address (P.O. Box Number Is Not Acceptable) 3741 Runway Street 20 WEST WALNUT ST. ARCADIA FL 33821 83 84 W. Fort Myers, 11. Pirsuant 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, withe State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Jamular with, and accept the appointment of the corporation's board of directors. I hereby accept the appointment as registered agent. I am Jamular with, and accept the appointment of the corporation's board of directors. I hereby accept the appointment as registered agent. I am Jamular with, and accept the appointment as registered agent. SIGNATURE OATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (NOTE Registered Agent signature required when reinstating) (96/8) 13 12. OFFICERS AND DIRECTORS x Change Addition PTD DELETE 1 1 TITLE TITLE Moss, William W. E034 MOSS, WILLIAM W. 1.2 NAME NAME 3741 Runway Street 20 WEST WALNUT ST. 1.3 STREET ADORESS STREET ADDRESS N. Ft. Myers, FL 33917 ARCADIA FL 1 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition X DELETE SVP 2.1 TITLE TITLE MOSS, WILLIAM W. 2.2 NAME NAME 20 WEST WALNUT ST. 2.3 STREET ADDRESS STREET ADDRESS ARCADIA FL 2.4 CITY - 51 - ZIP CITY ST-ZIP DELETE 3.1 TITLE Change ___ Addition TITLE 400002047874--5 3.2 HAME NAME -01/07/97--01074--001 3.3 STREET ADDRESS STREET ADDRESS ****375 DD Change Addillon *****375.00 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE **6.2 NAME** 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 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 logal officet 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 941- 721 8873 SIGNATURE: 🎿 TED HAME OF BIOHING OFFICER OR DIRECTOR

William W MOSS

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