

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:31

DOCUMENT # **H30561** (5)

1. Corporation Name
AEROMEDICAL EXCELLENCE, INC.

Principal Place of Business Mailing Address
530 ED FOSTER RD. MELBOURNE FL 32901 **530 ED FOSTER RD. MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1984** 3a. Date of Last Report **07/05/1994**

4. FEI Number **59-2526154** 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

7. This corporation has liability for intangible tax under § 199.099, Florida Statutes Yes No

21	2. Principal Place of Business	26	2a. Mailing Address
	551 S. Apollo Blvd		551 S Apollo Blvd.
22	Suite, Apt. #, etc. Suite 206	27	Suite, Apt. #, etc. Suite 206
23	City & State Melbourne, FL	28	City & State Melbourne FL
24	Zip 32901	25	County BREVARD
29	Zip 32901	30	County BREVARD

9. Name and Address of Current Registered Agent
**IGLIO, RALPH J.
530 ED FOSTER RD
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81	Name	RALPH J. IGLIO
82	Street Address (P.O. Box Number is Not Acceptable)	551 S Apollo Blvd.
83		Suite 206
84	City	Melbourne
85	Zip Code	FL 32908

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

Signature (Must be printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	IGLIO, RALPH J.
STREET ADDRESS	530 ED FOSTER RD.
CITY, ST, ZIP	MELBOURNE FL
TITLE	VS
NAME	IGLIO, LINDA M.
STREET ADDRESS	530 ED FOSTER RD.
CITY, ST, ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IGLIO, RALPH J.
1.3 STREET ADDRESS	551 S. Apollo Blvd. Suite 206
1.4 CITY, ST, ZIP	Melbourne FL 32901
2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IGLIO, LINDA M.
2.3 STREET ADDRESS	551 S. Apollo Blvd. Suite 206
2.4 CITY, ST, ZIP	Melbourne FL 32901
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(a), 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, changed, or on an attachment with an address.

SIGNATURE: *Ralph J. Iglia*
SIGNATURE AND TITLE (OR PRINT) OF NAME OF SIGNING OFFICER OR DIRECTOR
Ralph J. Iglia President

6/23/95 407-984-0021
Date Signature