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

APPROVED AND FILED

95 APR 25 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J80356** **(5)**

1. Corporation Name
CROWDER AVIATION CORPORATION

Principal Place of Business	Mailing Address
~~4410 W HILLSBORO BLVD #172~~ ~~COCONUT CREEK FL 33073~~	~~4410 W HILLSBORO BLVD #172~~ ~~COCONUT CREEK FL 33073~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 6574 N. STATE RD. 7
Suite, Apt. #, etc. 22: STE 114
City & State 23: COCONUT CREEK, FL
Zip 24: 33073 Country 25: USA

2a. Mailing Address
26: 6574 N. STATE RD. 7
Suite, Apt. #, etc. 27: STE 114
City & State 28: COCONUT CREEK, FL.
Zip 29: 33073 Country 30: USA

4. FEI Number: 65-0003018 ☐ 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

DOBEK, SHERYL L.
5100 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	☒ Change ☐ Addition	
NAME	CROWDER, THOMAS B.	12 NAME		
STREET ADDRESS	3956 NW 56 ST	13 STREET ADDRESS	6574 N. STATE ROAD 7 (STE 114)	
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	DCS	21 TITLE	☒ Change ☐ Addition	
NAME	POWELEIT, CAROLE E.	22 NAME		
STREET ADDRESS	3956 NW 56TH ST	23 STREET ADDRESS	6574 N. STATE ROAD 7 (STE 114)	
CITY-ST-ZIP	COCONUT CREEK FL	24 CITY-ST-ZIP	COCONUT CREEK, FL, 33073	
TITLE		31 TITLE	☐ Change ☐ Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: T. B. Crowder 4/21/95 (305) 427-6911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
THOMAS B. CROWDER, PRESIDENT

011850B CP