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 MAR -7 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # J95015 (0)

1. Corporation Name
SOUTH FLORIDA ROTORCRAFT, INC.

Principal Place of Business
4601 S.W. 133 AVENUE
FT. LAUDERDALE FL 33330

Mailing Address
4601 S.W. 133 AVENUE
FT. LAUDERDALE FL 33330

3. Date Incorporated or Qualified: 09/28/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 65-0007794
Applied For
Not Applicable

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
NEU, HOWARD M.
12955 BISCAYNE BLVD.
SUITE 400
NORTH MIAMI FL 33181

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☐ Change ☐ Addition
NAME	BESLEY, RANDY S.	1.2 NAME		
STREET ADDRESS	4601 S.W. 133 AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	DVS	2.1 TITLE		☐ Change ☐ Addition
NAME	BESLEY, CINDY S.	2.2 NAME		
STREET ADDRESS	4601 S.W. 133 AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		3.2 NAME	NORMAN SERRANO	
STREET ADDRESS		3.3 STREET ADDRESS	620 MAPLEWOOD DRIVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOGARTE, GA 31005	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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 legal effect as if made under oath; that I am an officer or director of the corporation or a 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: [signature] RANDY BESLEY 1 MARCH 95 (305) 685-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0230302 CP