

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 AUG 29 PM 12: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K14920** (8)

1. Corporation Name  
**AIR CARE AIRCRAFT SUPPLY, INC.**

Principal Place of Business: **2300 N.W. 94TH AVENUE, 101, MIAMI FL 33172, US**  
 Mailing Address: **2300 N.W. 94TH AVENUE, 101, MIAMI FL 33172, US**

3. Date Incorporated or Qualified: **02/15/1988**  
 3a. Date of Last Report: **02/02/1995**  
 4. FEI Number: **65-0027674**  
 5. Certificate of Status Desired:   
 6. Election Campaign Financing:   
 8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes:  Yes  No

2. Principal Place of Business: **19701 STERLING DR.**  
 2a. Mailing Address: **SAMG AS (R)**  
 21. Suite, Apt. #, etc.:  
 22. City & State: **MIAMI, FL.**  
 23. Zip: **33157** Country: **USA**  
 24. Zip: **33157** Country: **USA**  
 25. Zip: **33157** Country: **USA**  
 26. Suite, Apt. #, etc.:  
 27. City & State:  
 28. Zip: **33157** Country: **USA**  
 29. Zip: **33157** Country: **USA**  
 30. Zip: **33157** Country: **USA**

9. Name and Address of Current Registered Agent: **BUELL, SCOTT T., 15380 S.W. 151 TR., MIAMI FL 33157**  
 10. Name and Address of New Registered Agent: **81 Name: ROBERT J. CONNELLY, 82 Street Address (P.O. Box Number is Not Acceptable): 19701 STERLING DR, 83 City: MIAMI, FL, 84 Zip Code: 33157**

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 type for printed name of registered agent: \_\_\_\_\_ (Type Registered Agent Signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	BUELL, SCOTT T. 15380 S.W. 151 TR. MIAMI FL	11 TITLE: VD	ROBERT J. CONNELLY 19701 STERLING DR MIAMI, FL. 33157
TITLE: VD	URRUTIA, RUBEN B. 1101 SNAPPER CREEK DR. MIAMI FL	21 TITLE:	
TITLE: VD	Robert J. Connelly 19701 STERLING DR MIAMI, FL 33157	22 NAME:	
TITLE:		23 STREET ADDRESS:	
TITLE:		24 CITY - ST - ZIP:	
TITLE:		25 CITY - ST - ZIP:	
TITLE:		26 CITY - ST - ZIP:	
TITLE:		27 CITY - ST - ZIP:	
TITLE:		28 CITY - ST - ZIP:	
TITLE:		29 CITY - ST - ZIP:	
TITLE:		30 CITY - ST - ZIP:	

800001936328  
-08/30/96-01006-033  
\*\*\*325.00 \*\*\*325.00

8/29/96

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Robert J. Connelly** (ROBERT J. CONNELLY 8/20/96 305-252-0343)  
 SIGNATURE TYPE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)