FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K27853 (6)

1. Corporation Name
GULFSTREAM AVIATION INC.

Principal Place of Business
P.O. BOX 22422
FT. LAUDERDALE FL 33335

Mailing Address
~~P.O. BOX 22422~~
~~FT. LAUDERDALE FL 33335~~

3. Date Incorporated or Qualified: 07/01/1988
3a. Date of Last Report: 06/26/1995

2. Principal Place of Business
21 6415 SW 7ST.
22 Suite, Apt. #, etc: Pembroke Pines
23 City & State: Fla.
24 Zip: 33023
25 Country: USA

2a. Mailing Address
26 6415 SW 7ST.
27 Suite, Apt. #, etc:
28 City & State: Pembroke Pines Fla
29 Zip: 33023
30 Country: USA

4. FEI Number: 65-0073322 ☐ 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

O'BERRY, LARRY
4690 S.W. 65TH AVENUE
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name: M.S. Szatmary Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 6415 SW 7ST.
83 Pembroke Pines.
84 City: FL
85 Zip Code: 33023

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] DATE 6/16/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	O'BERRY, LARRY	
STREET ADDRESS	4690 S.W. 65TH AVENUE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	☐ DELETE
NAME	SZATMARY, M.S., JR.	
STREET ADDRESS	~~1325 N. 58 AVENUE~~	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	M.S. Szatmary Jr	
2.3 STREET ADDRESS	6415 SW 7ST.	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33023	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(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 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] 6/16/96 (954)961-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)