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 24 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L73236** **(6)**

1. Corporation Name

PNEUMATIC CRAFT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
% VINCE MILLER 1050 W SUNRISE BLVD FT LAUDERDALE FL 33311	% VINCE MILLER 1050 W SUNRISE BLVD FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21: % Vince Miller
22 Suite, Apt. #, etc.: 1050 W. Sunrise Blvd
23 City & State: Ft Laud Fl
24 Zip: 33311
25 Country: Required

2a. Mailing Address
26: 1050 W. Sunrise Blvd
27 Suite, Apt. #, etc.:
28 City & State: Ft Laud Fla
29 Zip: 33311
30 Country: Required

4. FEI Number: 65-0190931 ☐ 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

MILLER, VINCE
155 ISLE OF VENICE #701
FT. LAUDERDALE FL 33301

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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MILLER, VINCE	12 NAME	Vince Miller	
STREET ADDRESS	155 ISLE OF VENICE #701	13 STREET ADDRESS	1050 S. Ocean Dr #11K	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Hallandale, Fl 33009	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	NOWELL, KEITH	22 NAME		
STREET ADDRESS	610 SW 8TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP		
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: Vince Miller 4-18-95 463-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q01A13 CP