

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 # L81194

1. Corporation Name

AVIATORS PROVISION COMPANY INC.

Principal Place of Business

1050 Wagoner Blvd.
Ft. Lauderdale, FL

Mailing Address

4367 N. Federal Hwy. #209
Ft. Lauderdale, FL 33308

3. Date Incorporated or Qualified
1990

3a. Date of Last Report
1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 4367 N. Federal Hwy.

4. FEI Number

65-0198599

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

23

City & State

27

City & State

Ft. Lauderdale, FL

24

Zip

Country

USA

29

Zip

33308

Country

USA

9. Name and Address of Current Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME Peter Casoria, Jr.

STREET ADDRESS 552 NE 34 Ct.

CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE VP ☐ DELETE

NAME Peter Casoria, Sr.

STREET ADDRESS 552 NE 34th Ct.

CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE ST ☐ DELETE

NAME Cy J. Case

STREET ADDRESS 4367 N. Federal Hwy. #209

CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

Cy J. Case ST.

4-9-96 (951) 771-3500

CR2E034 (12/95)