

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L83916** (1)

1. Corporation Name
BROWARD AVIATION INC.

Principal Place of Business 7501 PEMBROKE RD PEMBROKE PINES FL 33023 US	Mailing Address 6210 FLETCHER ST HOLLYWOOD FL 33023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7501 Pembroke Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 6210 Fletcher St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/27/1990	3a. Date of Last Report 04/28/1994
22 City & State Hollywood FLA.		27 City & State Hollywood FLA.		4. FEI Number 65-0204992	Applied For ☐ Not Applicable
23 Zip 33023		28 Country U.S.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24		25		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
26		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

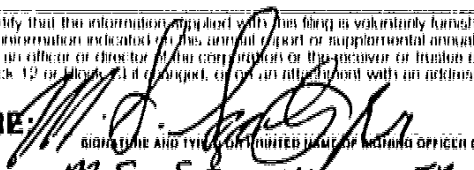
9. Name and Address of Current Registered Agent SZATMARY, M.S., JR. 6210 FLETCHER ST. HOLLYWOOD FL 33023		10. Name and Address of New Registered Agent 81 Name SZATMARY, M.S., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 6415 SW 7ST. 83 84 City Pembroke Pines FL 85 Zip Code 33023	
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11. 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 date of signature) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME SZATMARY, M.S., JR.	1.1 TITLE	☒ Change ☐ Addition
STREET ADDRESS 6210 FLETCHER ST		1.2 NAME	
CITY ST ZIP HOLLYWOOD FL		1.3 STREET ADDRESS 6415 SW 7ST.	
		1.4 CITY ST ZIP Pembroke Pines, FLA. 33023	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 as an addendum with an address.

SIGNATURE:  **M.S. SZATMARY, JR.**
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
3/24/95 (305) 561-9494
0094468 CP