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 MAR -6 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84657 (0)

1. Corporation Name
NORMAN AVIATION, INC.

Principal Place of Business
P.O. BOX 1189
HOBE SOUND FL 33475-1189

Mailing Address
P.O. BOX 1189
HOBE SOUND FL 33475-1189

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1990
3a. Date of Last Report: 03/24/1994
4. FEI Number: 34-1653109 — 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

	Principal Place of Business (2.)	Mailing Address (2a.)
Street	21 222 Royal Palm Way	26 222 Royal Palm Way
Suite, Apt. #, etc.	22	27
City & State	23 Palm Beach, FL	28 Palm Beach, FL
Zip	24 33480	29 33480
Country	25 USA	30 USA

9. Name and Address of Current Registered Agent

MARQUIS, LORAINE
BESSEMER TRUST COMPANY
222 ROYAL PALM WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Paul Erickson
82 Street Address (P.O. Box Number is Not Acceptable): 321 Royal Palm Way
83
84 City: Palm Beach FL 85 Zip Code: 33480

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] Paul B. Erickson 1/20/95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	1 1 TITLE	D/P/T	☒ Change ☐ Addition
NAME	NORMAN, GREGORY J.	1 2 NAME	Norman, Greg	
STREET ADDRESS	382 SOUTH BEACH ROAD	1 3 STREET ADDRESS	P. O. Box 1189	
CITY-ST-ZIP	HOBE SOUND FL	1 4 CITY-ST-ZIP	Palm Beach, FL 33475-1189	
TITLE	VPT	2 1 TITLE	S	☒ Change ☐ Addition
NAME	NORMAN, LAURA A.	2 2 NAME	Norman, Laura	
STREET ADDRESS	382 SOUTH BEACH ROAD	2 3 STREET ADDRESS	P. O. Box 1189	
CITY-ST-ZIP	JUNO BEACH FL	2 4 CITY-ST-ZIP	Palm Beach, FL 33475-1189	
TITLE	ATS	3 1 TITLE	AS	☒ Change ☐ Addition
NAME	MARGIER, LORAINE	3 2 NAME	Erickson, Paul	
STREET ADDRESS	222 ROYAL PALM WAY	3 3 STREET ADDRESS	321 Royal Poinciana Plaza	
CITY-ST-ZIP	PALM BEACH FL	3 4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		4 1 TITLE	AT	☐ Change ☒ Addition
NAME		4 2 NAME	Clapp, G. William	
STREET ADDRESS		4 3 STREET ADDRESS	630 Fifth Avenue	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	New York, NY 10111	
TITLE		5 1 TITLE	AT	☐ Change ☒ Addition
NAME		5 2 NAME	Wolf, Karen	
STREET ADDRESS		5 3 STREET ADDRESS	222 Royal Palm Way	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	Palm Beach, FL 33480	
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 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] Paul B. Erickson 1/20/95 (407) 659-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0439420 FP