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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M79239

(3)

1. Corporation Name

AVIATION CORES UNLIMITED, INC.

Principal Place of Business

**420 HUDDLESTON DR.
P.O. BOX 3168
PEACHTREE CITY GA 30269**

Mailing Address

**420 HUDDLESTON DR.
P.O. BOX 3168
PEACHTREE CITY GA 30269**

3. Date Incorporated or Qualified
04/25/1988

3a. Date of Last Report
06/03/1994

4. FEI Number
65-0059173

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

Country

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29

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9. Name and Address of Current Registered Agent

**MONDSCHN & MONDSCHN, P.A.
9000 S.W. 87 COURT SUITE 218
MIAMI FL 33176**

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 date of registration

Signature, typed or printed name of registered agent and date of registration

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PT	BRAEMER, KAYE LYNN	420 HUDDLESTON DR.	PEACHTREE CITY GA
VS	BRAEMER, DANIEL PAUL	420 HUDDLESTON DR.	PEACHTREE CITY GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 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 199.032(3)(b), 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:

Samuel Braemer **DANIEL BRAEMER** 5/1/95 404-487-5739