SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE Profession 13 CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State 97 AUG -4 AM 10: 1: 1 1997 DIVISION OF CORPORATIONS DOCUMENT # SECRETARY OF STATE. TALLAHASSEE FLORIDA P19504 (0)1. Corporation Name ADVANCED AVIATION CONCEPTS, INC. Principal Place of Business Mailing Address 992 OAROL DRIVE-602 GAROL DRIVE NE PALM BAY PL 32851 PALM BAY FL 32807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report **BEYCH** 06/03/1988 06/12/,1996 2. Principal Place of Business 21 129 Starate Mailing Address Applied For 26 59-2601619 Not Applicable Suite, Apt #, etc Suite, Apt. #. ele \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees $Z_{(p)}$ Country This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Fadams, Richard J. 129 SIGNATURE DRAIVE 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32951** 002262366 -08/08/97--01139--002 83 ŘΔ City 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 (NOT): Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable. DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGE OFFICERS AND DIRECTORS IN 12 13 PSD TITLE DELETE Change Addition 1.1 TITLE NAME ADAMS, CATHERINE A. 1.2 NAME 129 SIGNATURE DRIVE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE VĬD TITLE Change Addition 2.1 T(T) 8 ADAMS, RICHARD J. NAME 2.2 NAME 129 SIGNATURE DRIVE STREET ADDRESS 2.3 STREET ADDRESS **MELBOURNE FL** CITY-ST-7IP 2 4 CHY-SY-76 TITLE DELETE 3 1 THLE NAME 3.2 NAME 3.3 S1R STREET ADDRESS CITY-ST-ZIP DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP DELFTE TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-Z DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 DITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11907(3)(i), Finformation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have t Tam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 appears in Block 12 or Block 13 if changed, or on an attachment with an address.