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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P27244** **(3)**

1. Corporation Name
ZIRCON AVIATION CORP.

Principal Place of Business	Mailing Address
~~6355 METROWEST BLVD~~ ~~445~~ ~~ORLANDO FL 32835~~ ~~US~~	200 S. ORANGE AVE. STE 2300 ORLANDO FL 32801-3440 US

3. Date Incorporated or Qualified: 12/12/1989
3a. Date of Last Report: 04/26/1996
4. FEI Number: 59-2979464 — 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 9701 Chestnut Ridge Dr.
22 Suite, Apt. #, etc.
23 City & State: Windermere, FL
24 Zip: 34786 — 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip — 30 Country

9. Name and Address of Current Registered Agent
AGC CO
200 SOUTH ORANGE AVE
2300
ORLANDO FL 32801

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	THAKKAR, RASESH	1.2 NAME	
STREET ADDRESS	6355 METROWEST BLVD 445	1.3 STREET ADDRESS	9701 Chestnut Ridge Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	VOSS, JEFF	2.2 NAME	
STREET ADDRESS	6355 METROWEST BOULEVARD SUITE 445	2.3 STREET ADDRESS	9701 Chestnut Ridge Dr.
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	PD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SILVERTON, TOBY	3.2 NAME	
STREET ADDRESS	6355 METROWEST BOULEVARD SUITE 445	3.3 STREET ADDRESS	9701 Chestnut Ridge Dr.
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	SD ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	SILVERTON, VIVIENNE	4.2 NAME	
STREET ADDRESS	6355 METROWEST BOULEVARD SUITE 445	4.3 STREET ADDRESS	9701 Chestnut Ridge Dr.
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] VP 4-1-97 407-876-8800