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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 12:03

DOCUMENT # **P93000029725 (7)**

1. Corporation Name
AVIATION CHARTER CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2476 PACER LANE S **COCOA FL 32926**	**2476 PACER LANE S** **COCOA FL 32926**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/22/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3178482** ☐ 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

9. Name and Address of Current Registered Agent

JARDINE, THOMAS P
2476 PACER LANE S
COCOA FL 32926

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 _____ DATE _____
(If changing registered agent, registered agent must sign here.) (If changing registered agent, new registered agent must sign here.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**DPS**	11 TITLE		☐ Change ☐ Addition
NAME	**JORDINE, THOMAS P.**	12 NAME		
STREET ADDRESS	**2476 PACEWR LANE**	13 STREET ADDRESS		
CITY ST ZIP	**COCOA FL**	14 CITY ST ZIP		
TITLE		21 TITLE	D/V	☐ Change ☒ Addition
NAME		22 NAME	MARY RUTH JARDINE	
STREET ADDRESS		23 STREET ADDRESS	2476 PACER LANE S.	
CITY ST ZIP		24 CITY ST ZIP	COCOA, FL 32926	
TITLE		31 TITLE	T	☐ Change ☒ Addition
NAME		32 NAME	THOMAS P. JARDINE	
STREET ADDRESS		33 STREET ADDRESS	2476 PACER LANE S.	
CITY ST ZIP		34 CITY ST ZIP	COCOA, FL 32926	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Thomas P. Jardine - THOMAS P. JARDINE 5/25/95 (407)632-1533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

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DIVISION OF CORPORATIONS

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DOCUMENT # P93000030010 (1)

1. Corporation Name

PERNIK CORP.

Principal Place of Business	Mailing Address
10933 N MILITARY TRAIL PALM BEACH GARDENS FL 33410	10933 N MILITARY TRAIL PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-4044562 — ☐ 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	2a. Mailing Address
Street	21 6052 wolfe sT	26 6052 wolfe sT
Suite, Apt #, etc.	22	27
City & State	23 Palm Beach Gdns, Fla	28 Palm Beach Gdns, Fla
Zip / Country	24 33418 / 25	29 33418 / 30

9. Name and Address of Current Registered Agent

SALVIOLA, JEFFREY
10933 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: Jeffrey Salviola
82 Street Address (P.O. Box Numbers Not Acceptable): 6052 wolfe sT
83
84 Palm Beach Gdns FL 85 Zip Code: 33418

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☒ Change ☐ Addition
NAME	SALVIOLA, JEFFREY	1 NAME	
STREET ADDRESS	10933 N MILITARY TRAIL	1 STREET ADDRESS	6052 wolfe sT
CITY, ST, ZIP	PALM BEACH GARDENS FL 33410	1 CITY, ST, ZIP	Palm Beach Gdns Fla 33418
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY, ST, ZIP		2 CITY, ST, ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY, ST, ZIP		3 CITY, ST, ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY, ST, ZIP		4 CITY, ST, ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY, ST, ZIP		5 CITY, ST, ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY, ST, ZIP		6 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/95 — Date

622-8659 — Daytime Phone #

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Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P93000030538 (1)**

1. Corporation Name
SUNCOAST IMAGING, INC.

Principal Place of Business	Mailing Address
5200 EAST BAY DRIVE **CLEARWATER FL 34624**	**5200 EAST BAY DRIVE** **CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/26/1993	**05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

4. FEI Number **59-3184067** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, THOMAS W., SR. **5200 EAST BAT DRIVE** **CLEARWATER FL 34624**	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 required of person named as registered agent and the date below) (NOTE: Registered Agent Signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP**	11 TITLE	☐ Change ☐ Addition
NAME	**BROWN, THOMAS W SR.**	12 NAME	
STREET ADDRESS	**5200 EAST BAY DR.**	13 STREET ADDRESS	
CITY ST ZIP	**CLEARWATER FL 34624**	14 CITY ST ZIP	
TITLE	**DV**	21 TITLE	☐ Change ☐ Addition
NAME	**MCTAGGART, JOHN D**	22 NAME	
STREET ADDRESS	**5200 EAST BAY DR.**	23 STREET ADDRESS	
CITY ST ZIP	**CLEARWATER FL 34624**	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: _____ THOMAS W BROWN 5-23-95 813-536-5537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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