

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 6:26

DOCUMENT # P93000069022 (0)

1. Corporation Name

AEROTECH CONSULTATION, INC.

Principal Place of Business

**CASCADE EXECUTIVE CENTER
SUITE 350-1890 SEMORAN BLVD
WINTER PARK FL 32792**

Mailing Address

**CASCADE EXECUTIVE CENTER
SUITE 350-1890 SEMORAN BLVD
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3202693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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.

Suite 231

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

231

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KISELLUS, KALLI
CASCADE EXECUTIVE CENTER
SUITE 350 1890 SEMORAN BLVD
WINTER PARK FL 32792**

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

Kalli Kissellus

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

3/27/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KISELLUS, MARK
3307 AMBERWOOD WAY
WINTER PARK FL 32797**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KISELLUS, KALLI
3851 SUTTON PLACE BLVD
WINTER PARK FL 32797**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KISELLUS, KEVIN
23831 FLORAGATE DR
SPRING TX 77373**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Kalli Kissellus
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

3/27/95

DATE

SIGNATURE