

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 PM 2:03

DOCUMENT # P93000070909 (5)

1. Corporation Name
COLLINS AVIATION, INC.

Principal Place of Business

10449 NW 11 ST
#106
PEMBROKE PINES FL 33026

Mailing Address

10449 NW 11 ST
#106
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/06/1993
3a. Date of Last Report 08/05/1994

4. FEI Number 65-0439417
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. 2216 NW 82 Ave
Suite, Apt. #, etc.
22. City & State MIAMI FL
23. 33122 Country DADE
24. 33122 Country DADE
25. DADE
26. PO Box 520007
Suite, Apt. #, etc.
27. City & State MIAMI FL
28. 33152-0007
Country DADE
29. 33152-0007
Country DADE
30. DADE

9. Name and Address of Current Registered Agent

CULLEN, JOHN T
7411 MIAMI LAKES DR
MIAMI LAKES FL

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 revesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COLLINS, RON
STREET ADDRESS 10449 NW 11 ST #106
CITY-ST-ZIP PEMBROKE PINES FL 33026
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 419.02(9)(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. I am an officer or director of the corporation or the registered agent or both. I am required to execute this report as required by Chapter 402, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attached sheet with attachments.

SIGNATURE: X

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Agent