SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 24 AM 11:12

DOCUMENT # **P93000072898 (8)**

1. Corporation Name
AERO CARE LINK, INC.

Principal Place of Business	Mailing Address
~~4603 CARAMBOLA CIRCLE SOUTH~~ ~~COCONUT CREEK FL 33066~~ 315 So. Crescent Dr. #209 Hollywood, Fl. 33021	~~4603 CARAMBOLA CIRCLE SOUTH~~ ~~COCONUT CREEK FL 33066~~ 315 So. Crescent Dr #209 Hollywood Fl

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1993	3a. Date of Last Report: 02/03/1994
2. Principal Place of Business (21): 315 So. Crescent Dr	2a. Mailing Address (26):
Suite, Apt. #, etc (22): #209	Suite, Apt. #, etc (27): Same
City & State (23): Hollywood, Fl.	City & State (28):
Zip (24): 33021 Country (25): Beward	Zip (29): Country (30):
4. FEI Number: 65-0445844	☐ 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
VAUGHAN, JACKIE O ~~4603 CARAMBOLA CIRCLE SOUTH~~ ~~COCONUT CREEK FL 33066~~	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Item 12)		
TITLE	D	11 TITLE	315 So. Crescent Dr #209 Hollywood, Fl. 33021	☒ Change ☐ Addition
NAME	VAUGHAN, JACKIE O	12 NAME		
STREET ADDRESS	~~4603 CARAMBOLA CIRCLE SOUTH~~	13 STREET ADDRESS		
CITY ST ZIP	~~COCONUT CREEK FL 33066~~	14 CITY ST ZIP		
TITLE	D	21 TITLE	1100 Lee Wagner Blvd #104-12 Ft. Lauderdale, Fl. 33315	☒ Change ☐ Addition
NAME	CABRERA, RAFAEL A	22 NAME		
STREET ADDRESS	~~4603 CARAMBOLA CIRCLE SOUTH~~	23 STREET ADDRESS		
CITY ST ZIP	~~COCONUT CREEK FL 33066~~	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		

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: _____ Date _____
SIGN AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (3/95)

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