

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000072898 (8)

1. Corporation Name

AERO CARE LINK, INC.



Principal Place of Business

Mailing Address

315 S RSCENT DR
STE 209
HOLLYWOOD FL 33021
US

315 S CRESCENT DR
STE 209
HOLLYWOOD FL 33021
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VAUGHAN, JACKIE O
4603 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK FL 33066

3. Date Incorporated or Qualified

10/14/1993

3a. Date of Last Report

07/24/1995

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

10. Name and Address of New Registered Agent

81

Name

Jackie Vaughan

82

Street Address (P.O. Box Number is Not Acceptable)

315 S Crescent Dr. #209

83

84

City

Hollywood

FL

85

Zip 33021

11. Pursuant to the provisions of Sections 607.07 and 607.1506, Florida Statutes, the above named agent or submitter 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 607.07, Florida Statutes.

SIGNATURE

Jackie O. Vaughan

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
VAUGHAN, JACKIE O
315 S CRESCNET DR STE 209
COCONUT CREEK FL
D
CABRERA, RAFAEL A
1100 LEE WAGNER BLVD 104-12
COCONUT CREEK FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied herein is true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 962-9583

CR2E034 (12/95)