FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000077894 (2)

1. Corporation Name

AIRCRAFT MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
5725 CORPORATE WAY SUITE 106 W PALM BEACH FL 33407 US	5725 CORPORATE WAY SUITE 106 W PALM BEACH FL 33407 US

2. Principal Place of Business — 21 — 22 Suite, Apt. #, etc — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 — 27 Suite, Apt. #, etc. — 28 City & State — 29 Zip — 30 Country

3. Date Incorporated or Qualified: 11/10/1993

3a. Date of Last Report: 05/11/1995

4. FEI Number: 65-0452140 ☐ 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**

AUSTIN, KEITH C
501 S. FLAGLER DR.
SUITE 306
WEST PALM BEACH FL 33401

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☑ Change ☐ Addition
NAME	WELLS, FREDERICK U JR.		1.2 NAME	WELLS, FREDERICK U.
STREET ADDRESS	~~1405 BEAR ISLAND DR.~~		1.3 STREET ADDRESS	2129 CHAGALL CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D	☐ DELETE	2.1 TITLE	D ☑ Change ☐ Addition
NAME	WELLS, SWABEERA		2.2 NAME	WELLS, SWABEERA
STREET ADDRESS	1405 BEAR ISLAND DR.		2.3 STREET ADDRESS	2129 CHAGALL CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33409		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	600001761078
STREET ADDRESS			6.3 STREET ADDRESS	-03/28/96--01058--001
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***200.00

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)(k), 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: [signature] 3-22-96 407 6871076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-28

CR2E034 (12/95)