

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

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 31 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082465 (4)

1. Corporation Name

BAC AVIATION INC.

Principal Place of Business

242 S.W. 31ST STREET
FT. LAUDERDALE FL 33315
US

Mailing Address

242 S.W. 31ST STREET
FORT LAUDERDALE FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

2a. Mailing Address

21 3000 S W 2ND AVE

23 3000 S W 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FORT LAUDERDALE FL

27 City & State

28 FORT LAUDERDALE FL

24 Zip

33315

25 Country

USA

29 Zip

33315

30 Country

USA

4. FEI Number

65-0459882

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

QUAREQUO, MICHAEL
222 S.E. 10TH STREET
FT. LAUDERDALE FL 33316

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 date of declaration)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROURKE, KENNETH W
STREET ADDRESS 15131 E WATERFORD DRIVE
CITY - ST - ZIP DAVIE FL 33331

TITLE C
NAME IDICULLA, K T
STREET ADDRESS 38 JUDITH DRIVE
CITY - ST - ZIP STORMVILLE NY 12682

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K.W. ROURKE

24TH July 1995 (305) 763-1681