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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

Principal Place of Business

1. Corporation Name

P94000071945 (7)

Mairing Address

AERMEC, INC.

3464 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064			3464 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064							
						<ol> <li>Date Incorporated or Qualified 09/27/1994</li> </ol>	3a. Date	of Last 5/01/		
2. Principal Pla	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number			Applied For	
21		26			NOT APPLICABLE			Not Applicable		
Suite, Apt. :		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30 Cou	intry		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 Re	gistered A	gent		
FOSTER, WILLIAM 3464 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064				82 Street Address (P.O. Box Number is Not Acceptable) 83						
				84	City		FL	85	Zip Code	
familiar witi	h, and accept the obligations of, Section	na. Such change was authorize on 607.0505, Florida Statutes.	ea by the r	ve-n corpo	amed corpor oration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo		1 Liging its egistere	registered office ad agent. I am	
	Signature, lyped or printeo name of registered agent a		It. Hagistered	Agent	l signature require	d when reinstating)	DATE			
12.		AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFIC	TO OFFICERS AND DIRECTORS IN 12			
TITLE	D FOOTED NAME 1444	DELETE	1. 1 7	1. 1 TITLE				Change	Addition	
NAME	•			1.2 NAME						
STREET ADDRESS	3464 N.E. 30TH AVENUE	.04	1.3 \$1	REET	ADDRESS					

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 1.4 CITY - ST - ZIP TITLE DELETE 2. 1 TITLE \_\_\_ Change ☐ Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 24 CITY-ST-ZIP □ DELETE TITLE 3. 1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-7IP 3.4 CITY - ST - ZIP TITLE □ DELETE 4. 1 TITLE ☐ Change ■ Addition **4.2 NAME** STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 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 STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 7IP 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 on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

4/15/16 (964) 783-9024

CR2E034 (12/95)