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 # P94000072386 (3)

1. Corporation Name
AIR ENGINEERS OF THE PALM BEACHES, INC.

Principal Place of Business
612 N ORANGE AVE
BLDG A-7
JUPITER FL 34593

Mailing Address
5620 SW LANDING CK DR.
PALM CITY FL 34990

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report: 10/16/1995
4. FEI Number: 65-0524273 ☐ 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

2. Principal Place of Business
21 5620 S.W. Landing Ck. Dr.
22 Suite, Apt #, etc.
23 City & State: Palm City, FL.
24 Zip: 34990 25 Country: USA

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

9. Name and Address of Current Registered Agent
ADOLFSON, DAVE
5620 SW LANDING CREEK DR.
PALM CITY FL 34990

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 607.0505, 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 s. 607.0505, Florida Statutes.

SIGNATURE [signature] DAVE ADOLFSON DATE 1/26/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ADOLFSON, DAVID N	
STREET ADDRESS	612 N ORANGE AVE BLDG A-7	
CITY-ST-ZIP	JUPITER FL 34593	
TITLE	D	☒ DELETE
NAME	ADOLFSON, NORMAN D	
STREET ADDRESS	10150 S.E. ROYAL TERN WAY	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	David N. Adolfson	
1.3 STREET ADDRESS	5620 S.W. Landing Creek Drive	
1.4 CITY-ST-ZIP	Palm City, FL. 34990	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] DAVID N. ADOLFSON, DIRECTOR — Date 1/26/96 — Daytime Phone # (407) 746-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR