SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000020734 (6) ULTRA AVIATION, INC. Principal Place of Business Mailing Address 7616 PARKVIEW WAY 7616 PARKVIEW WAY **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied for 5413 Bryshy Meadows 5413 Brush, Meadows 057 0612 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be NC NC Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, Yes 🔀 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CLAERBOUT, PAUL F COUGHLIN, CASEY WILLIAM Suger Acidness (P.O. Box Number is Not Acceptable) 1401 University Drive, #600 7616 PARKVIEW WAY 82 **CORAL SPRINGS FL 33065** Coral Springs 84 Zip Code 33071 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 for both in the State of Florida. Such change was authorized by the corporation's board of circulors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 854 SIGNATURE Signature, typed or precedinance of registered agent and their applicable (NOTE: Progistered Agent signature required when reinstaining) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TIBLE Change Addition NAME CLAERBOUR, PAUL F 1.2 NAME Spelling **7616 PARKVIEW WAY** STREET ADDRESS 13 STREET ADDRESS incorrect Block 12 CORAL SPRINGS FL 33065 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE DELFTE VPSD Change 2 I TITLE Addition NAME CLAERBOUR, KAREN C 22 NAME STREET ADDRESS 7616 PARKVIEW WAY 2 3 STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** 2 4 CiTY - S1 ZIP TITLE DELETE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP DELETE 4 1 7(T) F Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 O(TY - ST - 7)P TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHTY - ST - ZIP TITLE DELETÉ 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY - \$1 - ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-96 919.557.123