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 # P95000026511 (2)

1. Corporation Name
AUSTROCOPTER, INC.

Principal Place of Business
1710 W CYPRESS CREEK RD #9
FT LAUDERDALE FL 33309

Mailing Address
1710 W CYPRESS CREEK RD #9
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 04/04/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1900 South Ocean Blvd
Suite, Apt. #, etc
22 11 K
City & State
23 Pompano Beach, FL
24 Zip 33062 25 Country Broward

2a. Mailing Address
26 1900 South Ocean Blvd
Suite, Apt. #, etc
27 11 K
City & State
28 Pompano Beach, FL
29 Zip 33062 30 Country Broward

4. FEI Number: 65-0618923 ☐ 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**
FLOCH, ALEXANDER
4565 N. OCEAN DRIVE
LAUDERDALE BY THE SEA FL 33308

10. **Name and Address of New Registered Agent**
81 Name: Floch, Alexander
82 Street Address (P.O. Box Number is Not Acceptable): 1900 South Ocean Blvd 11K
83
84 City: Pompano Beach FL 85 Zip Code 33062

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] Alexander Floch DATE 6/10/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FLOCH, ALEXANDER	
STREET ADDRESS	4565 N. OCEAN DR.	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Floch, Alexander	
1.3 STREET ADDRESS	1900 South Ocean Blvd 11K	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
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		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/10/96 Daytime Phone #: (954) 783-0574

CR2E034 (12/95)