

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

FILED  
Apr 11 1996 8:00 am  
Secretary of State

DOCUMENT # P95000046387 (3)

1. Corporation Name

BOOMERANG AVIATION CORP.



Principal Place of Business

Mailing Address

C/O SHELDON EVANS, P.A.  
1865 BRICKELL AVE BLDG A-209  
MIAMI FL 33129

C/O SHELDON EVANS, P.A.  
1865 BRICKELL AVE BLDG A-209  
MIAMI FL 33129

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

4. FEI Number

65-0593956

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

2a. Mailing Address

21 6175 N.W. 153rd Street

26 6175 N.W. 153rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 215

27 Suite 215

City & State

City & State

23 Miami Lakes, FL

28 Miami Lakes, FL

Zip

Country

Zip

Country

24 33014

29 33014

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELDON EVANS P.A.  
1865 BRICKELL AVE  
BLDG A SUITE 209  
MIAMI FL 33129

81 Name

Sheldon Evans, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

6175 N.W. 153rd Street

83 Suite

Suite 215

84 City

Miami Lakes

FL

85 Zip Code

33014

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

*Sheldon Evans, P.A.*

DATE

2/27/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☒ DELETE

NAME EVANS, SHELDON  
STREET ADDRESS 1865 BRICKELL AVE BLDG A-209  
CITY-ST-ZIP MIAMI FL 33129

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME Thomson, John D.  
1.3 STREET ADDRESS 6175 N.W. 153rd Street, Ste 215  
1.4 CITY-ST-ZIP Miami Lakes, FL 33014

TITLE DVS ☐ DELETE

NAME THOMSON, PAULA G  
STREET ADDRESS 1865 BRICKELL AVE BLDG A-209  
CITY-ST-ZIP MIAMI FL 33129

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 6175 N.W. 153rd Street, Ste 215  
2.4 CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

*J. Thomson*  
JOHN D. THOMSON  
PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11 - 96 305 688 7244  
Daytime Phone #

CR2E034 (12/95)