

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 19 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046387 (3)

1. Corporation Name

BOOMERANG AVIATION CORP.

Principal Place of Business  
6175 N.W. 153rd St.  
Suite 312  
Miami Lakes, FL 33014  
US

Mailing Address  
6175 N.W. 153rd St.  
Suite 312  
Miami Lakes, FL 33014  
US

3. Date Incorporated or Qualified  
06/09/1995

3a. Date of Last Report

2. Principal Place of Business  
21 6175 NW 153rd St.

2a. Mailing Address  
26 6175 NW 153rd ST.

4. FEI Number  
65-0593956

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Suite 312

Suite, Apt. #, etc.  
27 Suite 312

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 Miami Lakes, FL

City & State  
28 Miami Lakes, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip Country  
24 33014 25 US

Zip Country  
29 33014 30 US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Evans, Sheldon P.A.  
6175 NW 153rd St.  
Suite 312  
Miami Lakes, FL 33014

10. Name and Address of New Registered Agent

81 Name Sheldon Evans, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
6175 N.W. 153rd Street  
83 Suite 312  
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.*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/5/00  
DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> DELETE
NAME	Thomson, John D.
STREET ADDRESS	6175 N.W. 153rd St., Ste. 312
CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	DVS <input type="checkbox"/> DELETE
NAME	Thomson, Paula G.
STREET ADDRESS	6175 N.W. 153rd St. Ste. 312
CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomson, John D.
1.3 STREET ADDRESS	6175 N.W. 153rd St., Ste. 312
1.4 CITY-ST-ZIP	Miami Lakes, FL 33014
2.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomson, Paula G.
2.3 STREET ADDRESS	6175 N.W. 153rd St. Ste. 312
2.4 CITY-ST-ZIP	Miami Lakes, FL 33014
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Thomson* JOHN THOMSON PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3-2000

Date

954 983 1151

Daytime Phone #

CR2E034 (9/96)