| FIL  | E NOW: FILING FEE  | AFTER MAY 1                          | IC \$225 NA                                       |  |  |
|--|--|--------------------------------------|---|--|--|
| COF  | PROFIT RPORATION UAL REPORT 1996   | FLORIDA DEF<br>Sandr<br>Secre        | PARTMENT OF STATE THE BENOW HERE THE CORPORATIONS |  |  |
| DOCU<br>1. Corporation                       | MENT # <b>P9500</b>  | 0047932 (5                           | 5)  |  |  |
| AVIATI                                       | on consultants enter   | PRISES, INC.                         |   | I MAGUPAN NIA HATAN ANYA AARIN AARIN AARIN   | RANN RUBIR KREKA (RUBA NING MAN 180)                               |
| Principal Place of Business Mailing Address  |  |                                      |   |  | /0/41 <b>6</b> 1914 1 <b>96</b> 14 1869 4470 1184 4 <b>9</b> 0     |
| 4431 DAVIE ROAD SUITE 121<br>DAVIE FL 33314  |  | 4431 DAVIE ROAD SU<br>DAVIE FL 33314 | JITE 121  |  |  |
|  |  |                                      |   | 3. Date Incorporated or Qualified 3a 06/15/1995  | . Date of Last Report  |
| 2. Principal PI                              | lace of Business   | 2a. Mailing Address                  |   | 4. FEI Number  | Applied For  |
| Suite, Apt.                                  | # etc  | Suite Apt. #, etc                    |   | 65-0591923   | Not Applicable   |
| City & State                                 |  | 27                                   |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required                                  |
| Zip  | Country  | Oity & State                         | 7-2   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                                     |
| 24   | 25   | 7(p)                                 | Gountry<br>30                                     | 8. This corporation has liability for intanç<br>Florida Statutes 📓 Yes 🗍                           | No   |
|  | 9. Name and Address of Curren  | it Registered Agent                  | 81 Name   | 10. Name and Address of New Regist   | ered Agent   |
|  | CHARLES B<br>AVIE ROAD SUITE 121<br>L 33314                                |                                      |   | ress (P.O. Box Number is Not Acceptable)   |  |
| <u>-                                    </u> |  |                                      | <b>84</b> Oity                                    |  | <b>85</b> Zip Code   |
| 11. Pursuant I                               | to the provisions of Sections 607,0502                                     | 2 and 607 1508. Florida Statu        |   | sales a desite this abeliance for the a  |  |
| SIGNATURE.                                   |  | sorroom cooo, monda diada.e.         | ,   | ration submits this statement for the purpose<br>and of directors. I hereby accept the appointment | of changing its registered office<br>ent as registered agent. I am |
| 12.  | Signature, types or printed nation of responsibilities ANE<br>OFFICERS ANE | a 155 italie was                     | TE Registrated April 21; where require            |  | AND OUT OT ON  |
| THLE   | D  | DELETE                               | 13.   | ADDITIONS/CHANGES TO OFFICERS  | S ANO DIRECTORS IN 12  Change Addition                             |
| NAME   | FERGUSON, ROBERT M   |                                      | 1.2 NAME  |  | ☐ change ☐ wounten   |
| STREET ADDRESS                               | 4431 DAVIE ROAD SUITE 121  | l                                    | 13 STREET ADDITIONS                               |  |  |
| CITY - ST - ZIP                              | DAVIE FL 33314   |                                      | 1.4 CITY - ST - ZI-3                              |  |  |
| TITLE  |  | ☐ DECETE                             | 2 a Tifle   |  | Change Addition  |
| NAME   |  |                                      | 2.2 NAME  |  | <u> </u>   |
| STREET ADDRESS                               |  |                                      | 23 STREET ADERESS                                 |  |  |
| CITY-ST-ZIP                                  |  | E CV-CV-                             | 2.4 CITY - ST - ZI+1                              |  |  |
| TITLE<br>NAME                                |  | DELETE                               | 3 1 Till F  |  | Change Addition  |
| STREET ADDRESS                               |  |                                      | 3.2 NAME  |  | I  |
| CITY-ST-ZIP                                  |  |                                      | 3.3 STHELT ACCRESS                                |  |  |
| TITLE  |  | DELETE                               | 3.4 CHTY - ST - ZH-<br>4. 1 TIME                  |  | ☐ Change ☐ Addition  |
| NAME   |  | _                                    | 4.2 NAME  |  | ☐ prante ☐ vocition  |
| STREET ADDRESS                               |  |                                      | 4.3 STREET AL DRESS                               |  |  |
| CITY-ST-ZIP                                  |  |                                      | 4.4 C(TY - \$1/))                                 |  |  |
| TITLE  |  | ☐ DELETE                             | 5 1 TITLE   |  | Change Addition  |
| NAME   |  |                                      | 5.2 NAME  |  |  |
| STREET ADDRESS                               |  |                                      | 5.3 STHEET ADDRESS                                |  |  |
| TITLE  |  | D OUT                                | 54 C/Tr - ST - 74                                 |  |  |
| NAME   |  | ☐ DELETE                             | € 1 T ILE   | 500001856<br>-06/10/9601012-<br>***225.00  | SB Shange D Addition   |
| STREET ADDRESS                               |  |                                      | 6.2 NAME  | -06/10/9601012-  | -039   |
| City of 710                                  |  |                                      | 6.3 STREET ADDRESS                                | ***225.00  |  |

STRECT ADDRESS
CITY: \$1-2IP

14. If do hereby certify that the information supplied with this fing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT M. FERGUSON
SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR 05/29/26 954-791-6639 600 95