

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037226 (3)
1. Corporation Name
AERODATA, INC.

Principal Place of Business	Mailing Address
3901 N.W. 145TH STREET, BLDG. #147 OPA LOCKA FL 33054	3901 N.W. 145TH STREET, BLDG. #147 OPA LOCKA FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/30/1996	
22 City & State		27 City & State		4. FET Number	
23 Zip		28 Zip		65-0668292	
24 Country		29 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
				☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SCHINDELER, VINCENT E P.A.
633 S.E. THIRD AVENUE, SUITE 4-R
THE TRAIL LAWYERS BUILDING
FORT LAUDERDALE FL 33301-3151

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(If multiple, list the proper name of registered agent and file if applicable)

(If multiple, Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, R. SCOTT	1.2 NAME	
STREET ADDRESS	3901 N.W. 145TH STREET, BLDG. #147	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RING, GEORGE	2.2 NAME	
STREET ADDRESS	3901 N.W. 145TH STREET, BLDG. #147	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, MARVA	3.2 NAME	
STREET ADDRESS	3901 N.W. 145TH STREET, BLDG. #147	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHINDELER, VINCENT E	4.2 NAME	
STREET ADDRESS	633 S.E. 3RD AVENUE, SUITE 4-R	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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:

George E. Simmons

1/6/98 3301759747

CR2E034 (10/97)