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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90096 023 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037226

1. Corporation Name  
AERODATA, INC.

Principal Place of Business 3901 N.W. 145TH STREET, BLDG. #147 OPA LOCKA FL 33054	Mailing Address 3901 N.W. 145TH STREET, BLDG. #147 OPA LOCKA FL 33054
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

65-0668292

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 21 2819 Polk St Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip Country 24 33020 25 USA	2a. Mailing Address 26 PO Box 220711 Suite, Apt. #, etc. 27 City & State 28 Hollywood FLORIDA Zip Country 29 33022 30 USA
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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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, R. SCOTT	1.2 NAME	
STREET ADDRESS	3901 N.W. 145TH STREET, BLDG. #147	1.3 STREET ADDRESS	2819 Polk St
CITY-ST-ZIP	OPA LOCKA FL 33054	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RING, GEORGE	2.2 NAME	
STREET ADDRESS	3901 N.W. 145TH STREET, BLDG. #147	2.3 STREET ADDRESS	2819 Polk St
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, MARVA	3.2 NAME	
STREET ADDRESS	3901 N.W. 145TH STREET, BLDG. #147	3.3 STREET ADDRESS	2819 Polk St
CITY-ST-ZIP	OPA LOCKA FL 33054	3.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHINDELER, VINCENT E	4.2 NAME	
STREET ADDRESS	633 S.E. 3RD AVENUE, SUITE 4-R	4.3 STREET ADDRESS	2
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George D. Ring Jr*  
George D. Ring Jr

4/27/99

Date

954 927 4978

Daytime Phone #

CR2E034 (11/98)

0171980