FILED

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90031 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081471

AEROCONTRACTS, INC.

| Principal Place of Business Mailing Address | | | | | | · (Indicate the term of | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
|---|--|---|---------------------------|--------------|----------------------------|---|---|-----------------------------|-----------------|
| 3700 NORTH 29TH AVENUE 3700 NORTH 29 | | | TH AVENUE | | | | | | |
| UNIT 101 UNIT 101 | | | | | | DO. | NOT WOITE IN TH | JIE EDACE | |
| HOLLYWOOD FL 33020-1006 HOLLYWOOD FL 33020-1006 | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| | | _ | | | | 09/19/1997 | Qualifed | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | ,, | 65-0785447 | | <u> </u> | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status I | Desired | + | 75 Additional e Required | |
| 22 | | 27 | | | <u> </u> | | | | |
| City & Stat | e | City & State | | | | 6. Election Campaign F Trust Fund Contribut | | | 00 May Be |
| 23 | Country | 28 7in | Coun | tes. | | | | | led to rees |
| Zip | Country | Zip | | iu y | | 8. This corporation owe | - | Yes | □No |
| 24 | 25 | 29 Segistered Agent | 30 | | | Personal Property Ta 10. Name and Address | | | |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | 10. Italiio and Address | Of Now Auguston | ou rigoin | |
| FOR | MAN, ROBERT S | | | | | · | | | |
| | NORTH 29TH AVENUE | | | 82 | Street Add | ress (P.O. Box Number is N | ot Acceptable) | | |
| | Γ 101 | | | 83 | | | | | |
| HOLLYWOOD FL 33020-1006 | | | | ۳ | | | | | |
| | | | - | 84 | City | | F | 85 | Zip Code |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation | Florida. Such change was a ons of, Section 607.0505, Flo | authorized orida Statu | by t tes. | he corporati | on's board of directors. Ther | eby accept the app | pointment a | s registered |
| | Signature, typed or printed name of registered agent | ····· | | Agent | signature require | ed when reinstating) ADDITIONS/CHANGE | | AND DIDE | CTORS IN 12 |
| 12. | OFFICERS AND | DELETE | 13. | _ | | ADDITIONS/CHANGE | .3 TO OFFICERS | Char | |
| TITLE | RICE, STEPHEN J | | | | | | | | igo |
| NAME | _ · · · · · · · · · · · · · · · · · · · | UIT 101 | 1.2 NA | | 4D0D500 | | | | |
| STREET ADDRESS | 3700 NORTH 29TH AVENUE UI | WIT TO I | | | ADDRESS | | • | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020-1006 | ⋈ DELETE | 1.4 CIT | | - ZIP | | | Char | nge Addition |
| TITLE | D DAMESTING DAMES B | M percie | 2.1 TITI | | | | | | igo 🔲 recilieri |
| NAME | MARTIN, DAVID B | UT 404 | 2.2 NA | | | • | | | |
| STREET ADDRESS | | 4H 1U1 | | | ADORESS | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020-1006 | C perese | 2. 4 CIT | | r- ZIP | · · · · · · · · · · · · · · · · · · · | | ☐ Char | nge Addition |
| TITLE | D | ☐ DELETÉ | 3.1 ΤΙΤΙ | | | | | | igeAdditon |
| NAME | WRIGHT, CHRISTOPHER J | UT 404 | 3.2 NA) | | | | | | |
| STREET ADDRESS | | NIT TUT | - 1 | | ADDRESS | | | ÷ | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020-1006 | | 3.4. C/I | | r-Z)P | | | Chai | nge Addition |
| TITLE | D DENTION OF THE | ☐ DELETE | 4.1 TITE | | | | | L. Cital | ige Li Addition |
| NAME | PRENTICE, CLIVE M | UT 464 | 4, 2 NA | | | | | | |
| STREET ADDRESS | | WI TOT | | | ADDRESS | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020-1006 | C) pricts | 4.4 CIT | | -ZIP | | | ☐ Chai | nge |
| TITLE | D | ☐ DELETE | 5.1 TITI 5.2 NA | | | | | □ Cita | ige Addition |
| NAME | LIDDLE, MATTHEW | INIT 404 | | | 4000000 | | | | |
| STREET ADDRESS | | ANIT 101 | | | ADDRESS | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020-1006 | | 5.4 CIT 6.1 TITI | | -ZIP | | | ☐ Char | nge Addition |
| TITLE | D CHING AND DELL | ☐ DELETE | 6.2 NA | | | | | ∟ Criar | iãe 🗆 vociriou |
| NAME | OWENS, ANDREW | ***** ITNITE 101 | | | ADORESS | • | | | |
| CTOCCT ADDDCCC | i sann kinigiru 7uru AVEN | ALLE TOWARD THE | ■ 6.3 Sil | SEE ! | MLAURESS I | | | | |

CITY-ST-ZIP HOLLYWOOD, FL 33020-1006

14. I hereby certify that the information supplied with this fling 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 trueland 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 of 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 attackment with an address, with all other like empowered.

SIGNATURE: _

S. C. W. W. S. P. RICE