

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S50644 (1)

1. Corporation Name

PRECISION GILDE AEROGROUP, INC.



Principal Place of Business

Mailing Address

TAMiami AIRPORT
MIAMI FL 33186
US

401 OCEAN DR.
SUITE 617
MIAMI BEACH FL 33139
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 534 N.E. 8TH AVE.

23 City & State

27
28 FORT LAUDERDALE, FL

24 Zip

Country

29 Zip

Country

33301

USA

9. Name and Address of Current Registered Agent

DE AUER, CHRISTINA L.
401 OCEAN DR.
SUITE 617
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

05/08/1991

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0262319

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81 Name

GILLILAND, CHRISTINA L.

82 Street Address (P.O. Box Number is Not Acceptable)

534 N.E. 8TH AVE.

83

84 City

FORT LAUDERDALE

85 Zip Code

33301

11. Pursuant to the provisions of Sections 607.07(3)(b) and 607.0508, 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 duties of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature, typed, and printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

D
NAME GILLILAND, BRENT R.
STREET ADDRESS 401 OCEAN DR., SUITE 617
CITY-ST-ZIP MIAMI BEACH FL

2. TITLE ☐ DELETE

D
NAME DE AUER, CHRISTINA L.
STREET ADDRESS 401 OCEAN DR., SUITE 617
CITY-ST-ZIP MIAMI BEACH FL

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
12 NAME GILLILAND, BRENT R.
13 STREET ADDRESS 534 N.E. 8TH AVE.

14 CITY-ST-ZIP FORT LAUDERDALE, FL 33301

2.1 TITLE ☒ Change ☐ Addition

D
22 NAME GILLILAND, CHRISTINA L.
23 STREET ADDRESS 534 N.E. 8TH AVE.

24 CITY-ST-ZIP FORT LAUDERDALE, FL 33301

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-596

(954) 779-7091

Date

Daytime Phone #

CR2E034 (12/95)