

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # S94122 (6)**

1. Corporation Name:

**U.S. AIRMOTIVE ORLANDO, INC.**



Principal Place of Business

Mailing Address

**1815 ACME STREET  
ORLANDO FL 32805  
US**

**5439 NW 36TH ST.  
MIAMI FL 33166**

3. Date Incorporated or Qualified

**11/14/1991**

3a. Date of Last Report

**08/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KRUSZESKI, ANTHONY E.  
7500 S. W. 128TH STREET  
MIAMI 33156**

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 of the corporation, its officer or director, or its registered agent, or both, as applicable.

(NOTE: Registered Agent's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRUSZEWSKI, ANTHONY E.</b>	
STREET ADDRESS	<b>5439 NW 36TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRUSZEWSKI, ROSE</b>	
STREET ADDRESS	<b>5439 NW 36TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRUSE, JOHN</b>	
STREET ADDRESS	<b>5439 NW 36TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>D/C/V</b>	
1.2 NAME	<b>KRUSZEWSKI, ANTHONY E.</b>	
1.3 STREET ADDRESS	<b>5439 NW 36 ST.</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
2.1 TITLE	<b>D/V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KRUSZEWSKI, ROSE</b>	
2.3 STREET ADDRESS	<b>5439 NW 36 ST</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
3.1 TITLE	<b>D/P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KRUSZEWSKI, JOHN E.</b>	
3.3 STREET ADDRESS	<b>5439 NW 36 ST</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
4.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HENSLEY, DAVID L.</b>	
4.3 STREET ADDRESS	<b>5439 N.W. 36 ST</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied on 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 617, 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

**JOHN E. KRUSZEWSKI 7/9/96 305-885-4991**

CR2E034 (3/96)