06171999-90002-009-$150.00-$150.00

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90002 009 ***150.00
07-29-1999 90012 016 ***408.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44669

598098 - 90012 - 16

1. Corporation Name
Aerocar Parts, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6-18-92

2. Principal Place of Business
21 1100 International Pkwy
22 Suite, Apt. #, etc.
23 City & State: Sunrise, FL
24 Zip: 33323 25 Country: US

2a. Mailing Address
26 1100 International Pkwy
27 Suite, Apt. #, etc.
28 City & State: Sunrise, FL
29 Zip: 33323 30 Country: US

4. FEI Number: 65-0347071 — 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

9. Name and Address of Current Registered Agent
Atrium Registered Agents, Inc
1500 Sunrise Ave
Suite 125
Coral Gables, FL 33146

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resignation)

12. OFFICERS AND DIRECTORS

Please delete all officers and directors on record at this time. Thank you

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☐ Change	☑ Addition
1.2 NAME	Medisi, Zivi R.		
1.3 STREET ADDRESS	1100 International Pkwy		
1.4 CITY-ST-ZIP	Sunrise, FL 33323		
2.1 TITLE	V	☐ Change	☑ Addition
2.2 NAME	Glecson, John S.		
2.3 STREET ADDRESS	1100 International Pkwy		
2.4 CITY-ST-ZIP	Sunrise, FL 33323		
3.1 TITLE	V/T	☐ Change	☑ Addition
3.2 NAME	Wallace, Michael W.		
3.3 STREET ADDRESS	1100 International Pkwy		
3.4 CITY-ST-ZIP	Sunrise, FL 33323		
4.1 TITLE	S	☐ Change	☑ Addition
4.2 NAME	Medisi, Anthony		
4.3 STREET ADDRESS	1100 International Pkwy		
4.4 CITY-ST-ZIP	Sunrise, FL 33323		
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (11/98)

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 is an attachment with an address, with all other like empowered.

SIGNATURE: Michael W. Wallace 6/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #