

**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 # **F30733** (2)

1. Corporation Name  
**SOUTHERN ENERGY AND AEROSPACE, INC.**



Principal Place of Business Mailing Address  
**12114 SEMINOLE BLVD LARGO FL 34648 US**

3. Date Incorporated or Qualified **04/15/1981** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2096635** 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

2. Principal Place of Business 2a. Mailing Address  
21 **11800 - 28TH ST. NORTH** 26 **11800 - 28TH ST. NORTH**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State **ST. PETERSBURG, FL** 28 City & State **ST. PETERSBURG**  
24 Zip **33716** 25 Country **USA** 29 Zip **33716** 30 Country **USA**

9. Name and Address of Current Registered Agent  
**SOLOMON, JAMES G  
12114 SEMINOLE BLVD  
LARGO FL 34648**

10. Name and Address of New Registered Agent  
81 Name **SOLOMON, JAMES G**  
82 Street Address (P.O. Box Number is Not Acceptable) **11800 - 28TH ST. NORTH**  
83  
84 City **ST. PETERSBURG** FL 85 Zip Code **33716**

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JAMES G	1.2 NAME	SOLOMON, JAMES G
STREET ADDRESS	12114 SEMINOLE BLVD	1.3 STREET ADDRESS	11800 - 28TH STREET NORTH
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, FRED L.	2.2 NAME	SOLOMON, FRED L
STREET ADDRESS	285-107TH AVE #801	2.3 STREET ADDRESS	11800 - 28TH STREET NORTH
CITY-ST-ZIP	TREASUDRE ISLAND FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>800001786428</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>-04/19/96--01005--037</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>***200.00</b>
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 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: *Fred Solomon* DATE: **4-12-96** **813-571-3545**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Do Not Sign Here **SG-4-18-96**

CR2E034 (12/95)