

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90069 039 \*\*\*150.00

DOCUMENT # J21130 ✓

1. Corporation Name

AEROTECH SAILS, INC.

Principal Place of Business

Mailing Address

3109 S. Ridgewood Ave.  
S. Daytona, FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-19-86

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-2733889

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID C. ROBINSON  
1326 S Ridgewood Ave.  
Daytona Bch FL 32114

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	HERB GOTTLICH	
STREET ADDRESS	4273 STACEY RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEVE GOTTLICH	
STREET ADDRESS	3109 S. RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA, FL 32119	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JOAN GOTTLICH	
STREET ADDRESS	4273 STACEY RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	TREAS	<input type="checkbox"/> DELETE
NAME	MARTY GOTTLICH	
STREET ADDRESS	3109 S. RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA, FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERB GOTTLICH	
1.3 STREET ADDRESS	4273 STACEY RD	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVE GOTTLICH	
2.3 STREET ADDRESS	3109 S. RIDGEWOOD	
2.4 CITY-ST-ZIP	S. DAYTONA FL 32119	
3.1 TITLE	SECTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOAN GOTTLICH	
3.3 STREET ADDRESS	4273 STACEY RD	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32250	
4.1 TITLE	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARTY GOTTLICH	
4.3 STREET ADDRESS	3109 S. RIDGEWOOD	
4.4 CITY-ST-ZIP	S. DAYTONA FL 32119	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marty Gottlieb 4-22-99 (904) 760-9926  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)