

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 255944

(1)

1. Corporation Name

AIRCRAFT ARMATURE INC



Principal Place of Business

CARL O SHEILDS
490 WEST 84TH STREET
HIALEAH FL 33014

Mailing Address

CARL O SHEILDS
490 WEST 84TH STREET
HIALEAH FL 33014

3. Date Incorporated or Qualified

02/14/1962

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O SHIELDS,CARL
19245 EAST ANDREWS DR.
HIALEAH FL 33015

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 or the filer, as applicable

(Date) Signature of Agent is required when changing filer

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
O SHIELDS,CARL
19245 EAST ST ANDREWS DR
HIALEAH FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TD
MCDONALD,KIRK
1217 N. GREENWAY
CORAL GABLES FL

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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

305 822-2881

DATE

CR2E034 (12/95)