FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

F'ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CCRPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90071 001 ***150.00

DOCUMENT # 283665

AEROSTAT, INC.

Principal Place of Business	Mailing Address
8703 AIRPORT BLVD. LEESBURG AIRFORT PROPERTY	8703 AIRPORT BLVD. LEESBURG AIRPORT PROPERTY
LECCRIDE EL SATORAGIO	1 FESRURG FL 34789-4012

DO NOT WRITE IN THIS SPACE

ESBURG FL 34788-4012 LEESBURG FL 34788-4012				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 07/28/1964			
Principal Place of Business 2a.		2a. Mailing Ad	a. Mailing Address		4. FEI Number		Applied For		
		2.6				59-1084626		Not Applicable	
Suite, Apt. :#, etc. City & State		Suite, Apt. #, etc. 17 City & State				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
					6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 25	Zip	(3)	untry	-	This corpc ration owes the current year Personal Property Tax.	Intangible XXYes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
DUOVE	TT (/AV)			81	Name				
PUCKETT, KAY L. 812 LAKE SHORE DRIVE			82	2 Street Address (P.O. Box Number is Not Acceptable)					
LEESBURG FL 34748				83					
				84	City	F	85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpt ration 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					
		Ragistered Agent signature require		2 DIDECTOR	3C IN 40
12.	OF FICERS AND DIRECTORS	13.	ADDITION 3/CHANGES TO OFFICERS AN		
TITLE	VTD DELETE	1,1 TITLE		Change	[] Addition
NAME	PUCKETT, KAY L.	12 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP			
TITLE	PD DELETE	2.1 TITLE		Change	[] Addition
NAME	PUCKETT, LEWIS A	2.2 NAME			
STREET ADDRESS	812 LAKE SHORE DR	2.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 00000	2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3 1 TITLE		Change	[] Addition
NAME		3.2 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		☐ Change	[]] Addition
NAME		4. 2 NAME			
STREET ADDRESS		. 4.3 STREET ADDRESS			
CITY-ST-ZIP		4 4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	[] Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	[] Addition
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		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 cer ify that the information indicated on this annual report or suppliemental 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. For an an attachment with an address, with all other like empowered.

SIGNATURE:

Apr:126, 1999 (352) 787-1348

SIGNATURE: SIGNATURE AND