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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 320084

1. Corporation Name
AERO SPORT INC

Principal Place of Business	Mailing Address
ST AUGUSTINE AIRPORT. 4900 U.S. 1 NORTH P.O. DRAWER 1989 ST. AUGUSTINE FL 32085-8989	ST AUGUSTINE AIRPORT. 4900 U.S. 1 NORTH P.O. DRAWER 1989 ST. AUGUSTINE FL 32085-8989

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed: 08/21/1967	
21	26	4. FEI Number: 59-1204289	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 32085-1989 25 Country	Zip 29 32085-1989 30 Country	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSER, JAMES A
614 20TH ST
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Moser James A.
82 Street Address (P.O. Box Number is Not Acceptable): 120 Tide's Edge Place
83
84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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	VD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition: VD
NAME	MOSER,MARY A.		1.2 NAME	Moser, Mary A.
STREET ADDRESS	600 20TH ST		1.3 STREET ADDRESS	120 Tide's Edge Place
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	PD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition: PD
NAME	MOSER,JAMES A		2.2 NAME	Moser, James A.
STREET ADDRESS	614 20TH ST		2.3 STREET ADDRESS	120 TIDE's Edge Pl.
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	Ponte Vedra Bch, FL. 32082
TITLE	STD	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition: STD
NAME	MOSER,DIANE		3.2 NAME	Moser, Diane
STREET ADDRESS	614 20TH ST		3.3 STREET ADDRESS	120 Tide's Edge Place
CITY-ST-ZIP	ST AUGUSTINE FL		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
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			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE: James A Moser James A. Moser President 2/27/99 9048241995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #