

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 # 333571 (8)
1. Corporation Name
AERO PRECISION PRODUCTS INC



Principal Place of Business: **14000 N.W. 19TH AVE OPA LOCKA FL 33054**
Mailing Address: **14000 N.W. 19TH AVE OPA LOCKA FL 33054**

3. Date Incorporated or Qualified: **08/08/1968** 3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-1216902** 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

**FOURNIER, PAUL R
14000 NW 19TH AVE
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: *Paul R. Fournier* DATE: _____
(Type, typed or printed name of registered agent and title, if applicable. (N/A) Registered Agent Signature required when re-registering.)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOURNIER, PAUL R	
STREET ADDRESS	14000 NW 19TH AVE	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OAKES, DENNIS	
STREET ADDRESS	14000 NW 19TH AVE	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MELTON, DENNIS	
STREET ADDRESS	14000 N W19TH AVE	
CITY - ST - ZIP	OPA LOCKA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOURNIER, PAUL R.	
STREET ADDRESS	14000 NW 19TH AVE	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOURNIER, BERIT I.	
STREET ADDRESS	14000 NW 19TH AVE	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 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: *Paul R. Fournier* DATE: **3-22-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)