

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Suzy B. Matheson Secretary of State Division of Corporations
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DOCUMENT # 372500 (9)
1. Corporation Name:
AMERICAN AEROSPACE FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
POSTAL BOX 1887 WINTER PARK FL 32790	POSTAL BOX 1887 WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

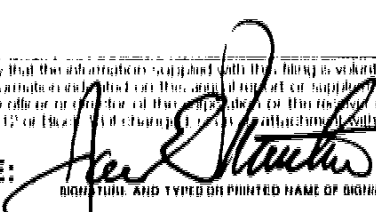
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporation or Qualification		3a. Date of Last Report	
21. 751 Palmer Ave		26. State Apt. # etc.		10/19/1970		07/05/1994	
22. City & State		27. City & State		4. FCI Number		Apply For	
23. WINTER PARK FL		28. City & State		59-1725637		Not Applicable	
24. 32784		25. 000065		29. ZIP		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATTHEWS, JAMES E. 751 PALMER AVE. WINTER PARK FL 32789				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 607.092 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 607.092, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	1. TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, JAMES E.	2. NAME	
STREET ADDRESS	751 PALMER AVE.	3. STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	4. CITY, ST, ZIP	
TITLE	S	5. TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, JAMES E.	6. NAME	
STREET ADDRESS	751 PALMER AVE.	7. STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that this information included on this annual report or supplementary 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 registered agent or authorized representative to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of changes to officers and directors attached with this filing.

SIGNATURE:  JAMES E. MATTHEWS 4/27/95 407-629 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR