

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996

DOCUMENT # 480205

(4)

1. Corporation Name

AEROSPACE INTERNATIONAL, INC.

Principal Place of Business

12833 CR 223
OXFORD FL 34484

Mailing Address

12833 CR 223
OXFORD FL 34484



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GARRICK, WALLACE
12651 S. DIXIE HIGHWAY
MIAMI FL 33156

3. Date Incorporated or Qualified

07/08/1975

3a. Date of Last Report

01/19/1995

4. FEI Number

59-0111045

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

10. Name and Address of New Registered Agent

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 607.0602 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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PST 2. NAME LANDRE, FRANK J. 3. STREET ADDRESS 12833 CR 233 4. CITY, ST, ZIP OXFORD FL	1. 1. TITLE 2. 2. NAME 3. 3. STREET ADDRESS 4. 4. CITY, ST, ZIP
5. 5. TITLE 6. 6. NAME 7. 7. STREET ADDRESS 8. 8. CITY, ST, ZIP	9. 9. TITLE 10. 10. NAME 11. 11. STREET ADDRESS 12. 12. CITY, ST, ZIP
13. 13. TITLE 14. 14. NAME 15. 15. STREET ADDRESS 16. 16. CITY, ST, ZIP	17. 17. TITLE 18. 18. NAME 19. 19. STREET ADDRESS 20. 20. CITY, ST, ZIP
21. 21. TITLE 22. 22. NAME 23. 23. STREET ADDRESS 24. 24. CITY, ST, ZIP	25. 25. TITLE 26. 26. NAME 27. 27. STREET ADDRESS 28. 28. CITY, ST, ZIP
29. 29. TITLE 30. 30. NAME 31. 31. STREET ADDRESS 32. 32. CITY, ST, ZIP	33. 33. TITLE 34. 34. NAME 35. 35. STREET ADDRESS 36. 36. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
37. 37. TITLE 38. 38. NAME 39. 39. STREET ADDRESS 40. 40. CITY, ST, ZIP
41. 41. TITLE 42. 42. NAME 43. 43. STREET ADDRESS 44. 44. CITY, ST, ZIP
45. 45. TITLE 46. 46. NAME 47. 47. STREET ADDRESS 48. 48. CITY, ST, ZIP
49. 49. TITLE 50. 50. NAME 51. 51. STREET ADDRESS 52. 52. CITY, ST, ZIP
53. 53. TITLE 54. 54. NAME 55. 55. STREET ADDRESS 56. 56. CITY, ST, ZIP
57. 57. TITLE 58. 58. NAME 59. 59. STREET ADDRESS 60. 60. 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: *Frank J. Landre* FRANK J. LANDRE

(Signature and Typed or Printed Name of Signing Officer or Director)

Feb. 12, 1996

(Date)

CR2E034 (12/95)