

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90072 006 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 610068

1. Corporation Name
AERO PRODUCTS CORPORATION



Principal Place of Business
 700 AERO LN
 SANFORD FL 32771-6656
 US

Mailing Address
 PO BOX 1707
 SANFORD FL 32772-1707
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1979

4. FEI Number
59-1897336

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
BARNES, SCOTT L
700 AERO LANE
SANFORD FL 32771

10. Name and Address of New Registered Agent
 81 Name **HOFF, MARV**
 82 Street Address (P.O. Box Number is Not Acceptable)
700 AERO LANE
 83
 84 City **SANFORD** FL 85 Zip Code **32771**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Marv Hoff* (NOTE: Registered Agent signature required when reinstating) DATE **4/21/99**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, SCOTT L.	
STREET ADDRESS	700 AERO LANE	
CITY-ST-ZIP	SANFROD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, SCOTT L.	
STREET ADDRESS	700 AERO LANE	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOFF, MARV	
1.3 STREET ADDRESS	700 AERO LANE	
1.4 CITY-ST-ZIP	SANFORD FL 32771	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOFF, MARV	
2.3 STREET ADDRESS	700 AERO LANE	
2.4 CITY-ST-ZIP	SANFORD, FL 32771	
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 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: *Marv Hoff* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/21/99** Daytime Phone #

CR2E034 (11/98)