

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **618208** (3)

1. Corporation Name
K-AERO, INC.



Principal Place of Business: **2445 S.E. DIXIE HWY STUART FL 34996**
Mailing Address: **2445 S.E. DIXIE HWY STUART FL 34996**

3. Date Incorporated or Qualified: **04/20/1979** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1904108** 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 [] 2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 [] Suite, Apt. #, etc.: 27 []
City & State: 23 [] City & State: 28 []
Zip: 24 [] Country: 25 [] Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent: **ROOT, KEITH R
6344 SW 52ND TERR
PALM CITY FL 34990**

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: _____ DATE: _____
Signature typed or printed name of registered agent or director (last, first, middle) (NOTE: Registered Agent sign the required when needed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT ROOT, KEITH 6344 SW 52ND TERR PALM CITY FL	1. TITLE	[] Change [] Addition
NAME	VS ROOT, DUJIRA D 6344 SW 52ND TERR. PALM CITY FL	12. NAME	[] Change [] Addition
STREET ADDRESS		13. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP		14. CITY-ST-ZIP	[] Change [] Addition
TITLE		2. TITLE	[] Change [] Addition
NAME		22. NAME	[] Change [] Addition
STREET ADDRESS		23. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP		24. CITY-ST-ZIP	[] Change [] Addition
TITLE		3. TITLE	[] Change [] Addition
NAME		32. NAME	[] Change [] Addition
STREET ADDRESS		33. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP		34. CITY-ST-ZIP	[] Change [] Addition
TITLE		4. TITLE	[] Change [] Addition
NAME		42. NAME	[] Change [] Addition
STREET ADDRESS		43. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP		44. CITY-ST-ZIP	[] Change [] Addition
TITLE		5. TITLE	[] Change [] Addition
NAME		52. NAME	[] Change [] Addition
STREET ADDRESS		53. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP		54. CITY-ST-ZIP	[] Change [] Addition
TITLE		6. TITLE	[] Change [] Addition
NAME		62. NAME	[] Change [] Addition
STREET ADDRESS		63. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP		64. CITY-ST-ZIP	[] Change [] Addition

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: *Keith R. Root* **Keith R. Root** 4/17/96 (407) 287-8084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date, Time Phone #

CR2E034 (12/95)