

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

1997 AUG -4 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 618208 (3)**

1. Corporation Name  
**K-AERO, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2445 S.E. DIXIE HWY<br/>STUART FL 34996</b> | Mailing Address<br><b>2445 S.E. DIXIE HWY<br/>STUART FL 34996</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                       |                               |
|---------------------------------------|-------------------------------|
| <b>2.</b> Principal Place of Business | <b>2a.</b> Mailing Address    |
| <b>21</b> Suite, Apt. #, etc.         | <b>26</b> Suite, Apt. #, etc. |
| <b>22</b> City & State                | <b>27</b> City & State        |
| <b>23</b> Zip                         | <b>28</b> Country             |
| <b>24</b> Country                     | <b>25</b> Zip                 |
| <b>29</b> Country                     | <b>30</b> Zip                 |

|   |   |
|---|---|
| <b>3.</b> Date Incorporated or Qualified<br><b>04/20/1979</b>   | <b>3a.</b> Date of Last Report<br><b>04/23/1996</b> |
| <b>4.</b> FEI Number<br><b>59-1904108</b>   | Applied For<br>Not Applicable                       |
| <b>5.</b> Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>               |
| <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                  |
| <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PT                 | <input type="checkbox"/> DELETE |
| NAME           | ROOT, KEITH        |                                 |
| STREET ADDRESS | 6344 SW 52ND TERR  |                                 |
| CITY-ST-ZIP    | PALM CITY FL       |                                 |
| TITLE          | VS                 | <input type="checkbox"/> DELETE |
| NAME           | ROOT, DUIRA D      |                                 |
| STREET ADDRESS | 6344 SW 52ND TERR. |                                 |
| CITY-ST-ZIP    | PALM CITY 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          | <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    |   |

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-08/11/97--01077--013  
\*\*\*\*165.00 \*\*\*\*165.00

Sec 8-4-97

**14.** I do 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.

SIGNATURE: 

CR2E034 (4/97)

# *K Aero Inc.*

2445 SE Dixie Highway  
Stuart, Florida 33494  
(561) 287-8084  
FAX (561) 287-1118

July 28, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attention: Secretary of State  
Re: Document #618208

Dear Sir/Madam:

Due to the fact that I never received the original notice for the Profit Corporation Annual Report for 1997, I am enclosing a check for the amount of \$165.00 as requested by your office when I telephoned. I would never intentionally have neglected sending this by the required date. However, the packet never arrived at our office.

Please advise if there are any questions.

Sincerely,

*Carol Winslade*

Carol Winslade  
Secretary