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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Feb 13 1997 8:00am Secretary of State

DOCUMENT # 645810 1. Corporation Name AEROJET MANAGEMENT CORP. Principal Place of Business 2657 SLOW FLIGHT DR. DAYTONA BCH FL 32124 US DAYTONA BCH FL 32124 US DOCUMENT # 645810 (3) Mailing Address 2657 SLOW FLIGHT DR. DAYTONA BCH FL 32124-6766 US											
							3. Date Incorporated or Qualified 11/20/1979		ate of Last R 24/1996	eport	
	Place of Business	2a. Mailing Addr	2a. Mailing Address				4. FEI Number	ber Applied For			
21 Curto Ant	# 515	26	Suite, Apt. #, etc.				59-1953419 Not Applicate				
Suite, Apt.	#, etc.	<u> </u>	27				5. Certificate of Status Desired			Additional equired	
City & Stat	e	City & State					6. Election Campaign Financing		\$5.00	, ,	
23		28					Trust Fund Contribution			to Fees	
Zip 24	Country 25	Zip 29	30 Co.	untry			8. This corporation has liability to Florida Statutes		e tax under s	. 199.032,	
24		Current Registered Agent	30	T		,	10. Name and Address of New I				
	NG, ROBY R			81	Name						
	SLOW FLIGHT DR.					Address (P.O. Box Number is Not Acceptable)					
DAYTONA BCH FL 32124											
				83							
				84	City			FL	85 Zip (Code	
agent I a SIGNATURE	Signature, typed or pulled name of reg	Bull	0505, Florida Sta				ation submits this statement for the sound of directors. I hereby accommoder reinstants) ADDITIONS/CHANGES TO OFF	DATE			
TITLE	PTD	☐ DE		ITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	102/10/11	☐ Change	Addition	
NAME	EPLING, ROBY R.		1.2 N	1.2 NAME 1.3 STREET ADDRESS							
STREE1 ADDRESS	2657 SLOW FLIGHT DRI	VE	1.3 \$								
CITY-ST-ZIP	DAYTONA BEACH FL S	Line		ITY-ST	-ZIP		·		. NZ n:		
TITLE NAME	EPLING, MARIA	<u></u> ∪ <i>∪</i> ≀	LETE 2.1 TI 22 N	-		VIAD	e president & Sec	eethry	Change	☐ Addition	
STREET ADDRESS	2657 SLOW FLIGHT DR.				ADDRESS						
CITY - ST - ZIP	DAYTONA BCH FL			CITY - S							
TITLE	-	☐ DE							Change	☐ Addition	
NAME			3 2 N	IAME	ŀ						
STREET ADDRESS			338	IREET /	ADDRESS						
CITY-ST-7IP		Пос		CITY - S	r · ZIP				ГТо	1000	
TITLE		□ DE							Change	Addition	
STREET ADDRESS			4 2 1		IDDOLCC						
CITY - ST - ZIP				ITY-ST	ADDRESS						
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NAME			5.2 N								
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CITY - ST - 7IP				iTY - ST	- ZIP						
TITLE		☐ DE	LETE 6.1 T	TLF	T	_			Change	☐ Addition	
NAME			6.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-7IP			6.4 C	ITY-ST	- ZIP						

14. I do hereby certify that the information supplied with this filling 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 of 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 chapted or or an attraction with an address.