


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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 847278 (9)			
1. Corporation Name SHAW AERO DEVELOPMENT, INC.			
Principal Place of Business 4227 PROGRESS AVE NAPLES FL 33942		Mailing Address P.O. BOX 8657 NAPLES FL 34101-8657	
2. Principal Place of Business 21 Shaw Aero Development, Inc. Suite, Apt. #, etc. 22 4227 Progress Avenue City & State 23 Naples, Florida Zip 24 34104 Country 25 USA		2a. Mailing Address 26 Shaw Aero Development, Inc. Suite, Apt. #, etc. 27 4227 Progress Avenue City & State 28 Naples, Florida Zip 29 34104 Country 30 USA	
3. Date Incorporated or Qualified 10/21/1980		3a. Date of Last Report 05/01/1996	
4. FEI Number 11-2062656		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent WESTERMAN, F. GRANT 4227 PROGRESS AVE. NAPLES FL 33942 34104		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 607.0502 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 reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, JAMES	1.2 NAME	Vernon Castle
STREET ADDRESS	131 CYPRESS VIEW DR	1.3 STREET ADDRESS	2320A 103rd Ave NE
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, FRANCA	2.2 NAME	John A. Bosch
STREET ADDRESS	131 CYPRESS VIEW DR	2.3 STREET ADDRESS	524 Pauley Woods Circle
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Kettering OH 45429-1871
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTERMAN, F. G	3.2 NAME	Saul R. Jupiter
STREET ADDRESS	91 CYPRESS VIEW DRIVE	3.3 STREET ADDRESS	P. O. Box 690, Yonahlossee Resort
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Blowing Rock, NC 28605-0690
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRERO, RAYMOND	4.2 NAME	
STREET ADDRESS	2852 VANDERHOFF DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. COVINA CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSHRUSH, ROY	5.2 NAME	
STREET ADDRESS	73-1325 AWAKEA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	KAILUA-KONA HI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, DENNIS	6.2 NAME	
STREET ADDRESS	92 MADISON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAG HARBOR NY	6.4 CITY-ST-ZIP	
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: _____		4/29/97 941 643-3310	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)