

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

FILED  
Jun 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 847278 (9)  
1. Corporation Name  
SHAW AERO DEVELOPMENT, INC.

Principal Place of Business Mailing Address  
4227 PROGRESS AVE P.O. BOX 8657  
NAPLES FL 33942 NAPLES FL 33941-8657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Shaw Aero Development, Inc.		26 Shaw Aero Development, Inc.		10/21/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 4227 Progress Avenue		27 4227 Progress Avenue		11-2062656	
City & State		City & State		Applied For	
23 Naples, FL		28 Naples, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34104		29 34104		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WESTERMAN, F. GRANT 4227 PROGRESS AVE. NAPLES FL 33942 34104		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	John A. Bosch
STREET ADDRESS	131 CYPRESS VIEW DR	1.3 STREET ADDRESS	524 Pauley Woods Circle
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Kettering, OH 45429-1871
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, FRANCIA	2.2 NAME	Saul R. Jupiter
STREET ADDRESS	131 CYPRESS VIEW DR	2.3 STREET ADDRESS	P. O. Box 690, Yonahlossee Resort (N/A)
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Blowing Rock, NC 28605-0690
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTERMAN, F. G	3.2 NAME	
STREET ADDRESS	91 CYPRESS VIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUERRERO, 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	7000002577427
STREET ADDRESS	73-1325 AWAKEA ST	5.3 STREET ADDRESS	-07/01/98--01046--030
CITY-ST-ZIP	KAILUA-KONA HI	5.4 CITY-ST-ZIP	***150.00
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, DENNIS	6.2 NAME	Vernon Castle
STREET ADDRESS	92 MADISON ST	6.3 STREET ADDRESS	2320A 103rd Avenue, NE
CITY-ST-ZIP	SAG HARBOR NY	6.4 CITY-ST-ZIP	Bellevue, WA 98004

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.

CR2E034 (10/97)