

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **847984** (2)

1. Corporation Name: **AERO TRANSPORTERS, INC.**

Principal Place of Business:

RT 209
 PO BOX 551
 ELLENVILLE NY 12428

Mailing Address:

RT 209
 PO BOX 551
 ELLENVILLE NY 12428



2. Principal Place of Business:

2a. Mailing Address:

21 Street, Apt. #, etc.

26 Street, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 25

29 30

9. Name and Address of Current Registered Agent

**MCGUIRE, JOHN
 200 RIVIERA BLVD.
 ST. AUGUSTINE FL 32086**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

3. Date Incorporated or Qualified: **01/19/1981**
 3a. Date of Last Report: **06/20/1995**
 4. FEI Number: **14-1490471**
 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
 10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.0603, 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. The entity accepted the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **VP POLONSKY, TODD** DELETE
 2. STREET ADDRESS: **146 BEAVER DAM ROAD ELLENVILLE NY 12428**
 3. CITY, STATE, ZIP: **ST- ELLENVILLE NY** DELETE
 4. NAME: **POLONSKY, JOSEPH** DELETE
 5. STREET ADDRESS: **2 ROSLYN STREET ELLENVILLE NY**
 6. CITY, STATE, ZIP: DELETE
 7. NAME: DELETE
 8. STREET ADDRESS: DELETE
 9. CITY, STATE, ZIP: DELETE
 10. NAME: DELETE
 11. STREET ADDRESS: DELETE
 12. CITY, STATE, ZIP: DELETE
 13. NAME: DELETE
 14. STREET ADDRESS: DELETE
 15. CITY, STATE, ZIP: DELETE

1. NAME: Change Addition
 2. STREET ADDRESS: Change Addition
 3. CITY, STATE, ZIP: Change Addition
 4. NAME: Change Addition
 5. STREET ADDRESS: Change Addition
 6. CITY, STATE, ZIP: Change Addition
 7. NAME: Change Addition
 8. STREET ADDRESS: Change Addition
 9. CITY, STATE, ZIP: Change Addition
 10. NAME: Change Addition
 11. STREET ADDRESS: Change Addition
 12. CITY, STATE, ZIP: Change Addition

14. I do hereby certify that the information supplied within this report was voluntarily furnished and that I am an officer or director of the corporation or the trustee or trustee-in-trust of the corporation, and that my name appears in Block 12 or Block 13 or changes, or omissions, in connection with an address.

and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that this information is true and accurate and that my signature shall have the same legal effect as if made under owered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: *Todd Polonsky* **Todd Polonsky**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 914-647-7500
 DATE TIME

CR2E034 (12/95)