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

May 06, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT 05-06-1999 90018 030 ***150.00 Secretary of State 1999 **DIVISION OF CORPORATIONS** DOCUMENT # 1. Corporation Name AERO TRANSPORTERS, INC. Principal Place of Business Mailing Address 200 RIVIERA BLVD. P.O. BOX 4346 ELLENVILLE NY 12428 DO NOT WRITE IN THIS SPACE ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086 3. Date Incorporated or Qualified 01/19/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 14-1490471 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes the current year Intangible Personal 24 25 29 30 XNo Property Tax Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Sharon Williams
Street Address (P.O. Box Number is Not Acceptable) 82 <u>200 Riviera Blvd.</u> 83 32086 St. Augustine, FL 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WP PRESIDENT TITLE DELETE 1.1 TITLE ____ Addition Change E037 NAME POLONSKY, TODD 1.2 NAME 146 BEAVER DAM ROAD STREET ADDRESS 1.3 STREET ADDRESS 12428 ELLENVILLE, NY CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE Addition Change NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 3.1 TITLE Addition Change

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 13 or Block 14 or Block 14 or Block 15 or Block 1

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OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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