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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # ~~F50539~~

1. Corporation Name

F505.39
AERO INDUSTRIES, INC.

Principal Place of Business / Mailing Address

5601 N.W. 15TH AVE
Ft. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/81

4. FEI Number: [ ] Applied For [X] Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 5374 Village RD
City & State 23	City & State 28 LONG BEACH CA
Zip / Country 24 / 25	Zip / Country 29 90808 / 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARLINE GARGER 5601 NW 15TH AVE Ft LAUDERDALE FL 33309	81 Name: ROBERT M. TERRY 82 Street Address (P.O. Box Number is Not Acceptable) 83 1000 SW 12st #305 84 City: Ft. LAUDERDALE FL 85 Zip Code: 33315

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] 4-27-98
Signature, type or print name of agent or agent of firm, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pb ROBERT M. TERRY 1000 DAVIE BLVD #305 Ft. LAUD. FL	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D THOMAS NANSON 5601 NW 15TH AVE Ft. LAUDERDALE FL 33309	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JEROME R. SAVER 5601 NW 15. AVE Ft LAUDERDALE FL	[X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD CHRISTOPHER H. DIGERICH 5601 NW. 15TH AVE Ft. LAUDERDALE	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

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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.

SIGNATURE: Thomas Nanson — 4-27-98 — 954-771-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)