


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F63835** (5)
1. Corporation Name
AEROSTRUCTURES, INC.

Principal Place of Business 1725 JEFFERSON DAVIS HWY 704 ARLINGTON VA 22202	Mailing Address 1725 JEFFERSON DAVIS HWY 704 ARLINGTON VA 22202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1982	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2162623		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. Suite #701	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARK, WILLIAM M. 11311 N. ARMENIA AVE. TAMPA FL 33612		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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	1.1 TITLE	V
NAME	LAMMON, ELMER B.	1.2 NAME	IYYER, NAGARAJA S.
STREET ADDRESS	1805 CRYSTAL DR. 813	1.3 STREET ADDRESS	5715 OAK APPLE COURT
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP	BURKE VA
TITLE	VSD	2.1 TITLE	V
NAME	LAMMON, BARBARA JEAN	2.2 NAME	MOON, SURESH
STREET ADDRESS	1805 CRYSTAL DR. 813	2.3 STREET ADDRESS	6008 WINDWARD DRIVE
CITY-ST-ZIP	ARLINGTON VA	2.4 CITY-ST-ZIP	BURKE VA
TITLE	V	3.1 TITLE	V
NAME	MULQUIN, JAMES J.	3.2 NAME	David J. White
STREET ADDRESS	5101 BRENTFORD DR	3.3 STREET ADDRESS	2 Silver Brook Lane
CITY-ST-ZIP	ROCKVILLE MD	3.4 CITY-ST-ZIP	N. Granby, CT 06060
TITLE	P	4.1 TITLE	
NAME	ELCHURI, VIJAY	4.2 NAME	
STREET ADDRESS	7902 DEERLEE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	HINGER, CARL K	5.2 NAME	
STREET ADDRESS	8711 BIRCH CLIFF DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX STATION VA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____

CR2E034 (10/97)