


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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90160 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G06287					
1. Corporation Name AERO MANAGEMENT, INC.					
Principal Place of Business 4050 S.W. 11TH TERRACE FORT LAUDERDALE FL 33315			Mailing Address 4050 S.W. 11TH TERRACE FORT LAUDERDALE FL 33315		
2. Principal Place of Business 21 3495 S.W. 9th Avenue Suite, Apt. #, etc. 22		2a. Mailing Address 26 P. O. Box 14790 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/28/1982	
City & State 23 Ft. Lauderdale, Fl		City & State 28 Ft. Lauderdale, Fl		4. FEI Number 59-2273654 Applied For No: Applicable	
Zip 24 33315		Country 25 Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 29 33302		Country 30 Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent EASTHOPE, JOE 4050 SW 11 TERRACE FORT LAUDERDALE FL 33315				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name Easthope, Joe 82 Street Address (P.O. Box Number is Not Acceptable) 3495 S.W. 9th Avenue 83 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PT WALKER, ROBERT D STREET ADDRESS 4050 S.W. 11TH TERRACE CITY-ST-ZIP FT. LAUDERDALE FL			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Walker, Robert D. 1.3 STREET ADDRESS 3495 S. W. 9th Avenue 1.4 CITY-ST-ZIP Ft. Lauderdale, Fl		
TITLE <input type="checkbox"/> DELETE NAME VPS HUME, JOHN STREET ADDRESS 4050 SW 11TH TERR CITY-ST-ZIP FT LAUDERDALE FL			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Hume, John 2.3 STREET ADDRESS 3495 S.W. 9th Avenue 2.4 CITY-ST-ZIP Ft. Lauderdale, Fl		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99 954-587-9308

CR2E034 (11/98)