FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # J03734 (7)

1. Corporation Name

AERO NOVA, INC.

Principal Place of Business	Mailing Address
905 E. M.L.K., JR. DRIVE STES 600 TARPON SPRINGS FL 34689 US	905 E. M.L.K.,JR. DRIVE STE 600 TARPON SPRINGS FL 34689 US

3. Date Incorporated or Qualified	3a. Date of Last Report
03/11/1986	05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 905 E MARTIN LUTHER KING JR DR	26 905 E MLK JR DR
Suite, Apt. #, etc. 22 Suite 227	Suite, Apt. #, etc. 27 Suite 227
City & State 23 Tarpon SPRINGS FL	City & State 28 Tarpon Springs FL
Zip 24 34689 Country 25 USA	Zip 29 34689 Country 30 USA

4. FEI Number 59-2687067 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SWAN, ROBERT H.
905 E. M.L.K., JR. DRIVE
STE 600
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name SWAN, ROBERT H.
82 Street Address (P.O. Box Number is Not Acceptable) 905 E. MLK JR DR
83 SUITE 227
84 City TARPON SPRINGS FL 85 Zip Code 34689

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] Signature, typed or printed name of registered agent and title if applicable   NOTE: Registered Agent signature required when reinstating   DATE 4/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 1 TITLE	P. ☒ Change ☐ Addition
NAME	SWAN, ROBERT H.		1 2 NAME	SWAN, ROBERT H.
STREET ADDRESS	905 E. M.L.K., JR. DRIVE, STE#600		1 3 STREET ADDRESS	905 E MLK JR DR. STE 227
CITY-ST-ZIP	TARPON SPRINGS FL		1 4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	C	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	DONIZETTI, LARRY		2 2 NAME	
STREET ADDRESS	950 CARSTAIRS CT.		2 3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4/30/96 Date   813-938-5779 Daytime Phone #

CR2E034 (12/95)