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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J03734

AERO NOVA, INC.

Principal Place of Business

2. Principal Place of Business

805 E MARTIN LUTHER KING JR DR SUITE 227 TARPON SPRINGS FL 34689

Mailing Address

2a. Mailing Address

905 E MARTIN LUTHER KING JR DR. SUITE 227 TARPON SPRINGS FL 34689-4801

|     | FL   | LED   | )      |
|-----|------|-------|--------|
| May | 01 1 | 997   | 8:00am |
| Sec | reta | ry of | State  |

|--|--|

3a. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

03/11/1986

4. FEI Number

| Suite 300  City & State 23 Tarpon Springs, FL 28 Tarpon Springs  10. Name and Address of Current Registered Agent  10. Name and Address of Now Registered Agent  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation as tregistered agent, or both, in the State of Londer, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 1 foolds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 1 foolds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 1 foolds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 1 foolds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 1 foolds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 1 foolds. Such change agent are such agent agent and the Registered agent agent and accept the objectives agent ag | 2. Principal Place of Business  |   |   |                             | 4                 | 4. FEI Number Applie             |  |                                     |                                      |                |                        |
|--|---|---|---|-----------------------------|-------------------|----------------------------------|--|-------------------------------------|--------------------------------------|----------------|------------------------|
| Suite 300   Suite 300   City & State   City & City & State   City & Cit   | 21]905 E Martin Luth  | er King Jr 🏻                                      | Dat. Same   |                             |                   | 59-2687067                       |  |                                     |                                      | Not Applicable |                        |
| Tarpon Springs, FL   28  |   |   | Suite, Apt. #, etc.   |                             | 5                 | 5. Certificate of Status Desired |  |                                     |                                      |                |                        |
| Part      | City & State  |   | City & State  |                             |                   | 6                                | ······································ |                                     |                                      |                |                        |
| 9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  SWAN, ROBERT H.  905 E. M.L.K., JR. DRIVE SUITE 227  TARPON SPRINGS FL 34689  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Suite 300  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 Honds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered difference or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered difference or registered agent, and attending with, and accept the obligations of, Section 607.0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered difference agent, and attending with, and accept the obligations of, Section 607.0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered difference agent, and attending  | 23 Tarpon Springs,  | FL_   | 28  |                             | _                 | _                                |  |                                     |                                      |                |                        |
| SWAN, ROBERT H.  905 E. MLLK., JR. DRIVE SUITE 227 TARPON SPRINGS FL 34689  62 Street Address (P.O. Box Number is Not Acceptable)  63 Suite 300  64 City FL 85 Zip Code  64 City FL 85 Zip Code  65 Suite 300  66 Corporation submits the statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, be above-named corporation submits the statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, be above-named corporation submits the statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, be above-named corporation submits the statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, be 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, be corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, be above-named corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, be accepted when corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, be additionally the corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of corporation submits the statement for the purpose of changing its registered agent. I am famil | - 54600 - ·   |   | Zip   | Count                       | ry                | 8                                | . This corpora                         | tion has liability                  | for intangible                       | tax under s    | . 199.032,             |
| SWAN, ROBERT H. 905 E. M.L.K., JR. DRIVE SUITE 227 TARPON SPRINGS FL 34889  82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 007 0502 and 607 1508, Florida Statutes. In eabove-named corporation submits this statement for the purpose of changing its 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, 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, 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 segment. Jam familiar with and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. GITY-ST-ZIP  15. TARPON SPRINGS FL  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. GITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIR | 54  |   |   | 30                          |                   |                                  |  |                                     |                                      |                |                        |
| Box   Suite and   Suite   Su   | <del></del>   | ddress of Current R                               | egistered Agent   |                             |                   | 10                               | ). Name and A                          | ddress of Nev                       | v Registered                         | Agent          |                        |
| SUITE 227 TARPON SPRINGS FL 34689    63   Suite 300     64   City   FL   85   Zip Code   |   |   |   | 8                           | 1 Name            | Name                             |  |                                     |                                      |                |                        |
| TARPON SPRINGS FL 34889    Suite 300   |   | RIVE  |   | 8                           | 2 Street          | Address (                        | P.O. Box Num                           | per is Not Acce                     | eptable)                             |                |                        |
| SIGNATURE  SWAN, ROBERT H.  SYNAME STREET ADDRESS TITLE  C C C TARPON SPRINGS FL  TITLE  DOLLETTI  TITLE  DOLLETTE  TITLE  ANAME STREET ADDRESS STREET ADDRE | SUITE 227   |   |   |                             | J                 |                                  | ·                                      |                                     |                                      |                |                        |
| Section   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 agent, or both, in the State of Tonda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, the both, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature   Purpose of Change of Section 607.0505, Florida Statutes.   | tarpon springs f  | L 34689   |   | 6                           | Suri              | to 301                           | n                                      |                                     |                                      |                |                        |
| 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 agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hyped or printing name of registered agent and like it any health   |   |   |   | 8                           | <del>_</del>      | GE 30                            | <u> </u>                               |                                     |                                      | or Zin         | Codo                   |
| 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 and state it applicable.  SIGNATURE    Signature   S |   |   |   | ľ                           |                   |                                  |  |                                     | FL                                   | 103 Zip        | Code                   |
| Addition street Address STREET ADDRESS OLY-ST-ZIP TITLE ADDRESS OLY-ST-ZIP TITLE ADDRESS STREET ADDRESS OLY-ST-ZIP TITLE ADDRESS STREET ADDRESS OLY-ST-ZIP TITLE ADDRESS STREET ADDRESS OLY-ST-ZIP TITLE ADDRESS OLY-ST-ZIP ADDRESS OLY-ST-ZIP TITLE ADDRESS OLY-ST-ZIP  | 11. Pursuant to the provisions of   | Sections 607.0502 at                              | nd 607.1508, Florida Statute                                | es, the abo                 | ve-named          | corporati                        | on submits this                        | statement for                       | the purpose of                       | changing i     | ts registered          |
| SIGNATURE   Signature, typind of portion name of registered agent and late if appt cable   REOLE Registered Agent algorithm required when renswring)   DATE  | agent. I am familiar with, and  | both, in the State of t<br>Laccept the obligation | Horida, Such change was a<br>ns of, Section 607.0505, Flo   | iutnorizea i<br>rida Statut | by the cor<br>as. | poration's                       | board of direc                         | tors. I hereby a                    | ccept the app                        | ointment as    | registered             |
| Superior or an ordinary of the parties of the presented agent algorithm of degetered agent and late it applicable (NOTE Fregioned Agent algorithm of page theorem of the present of the    | •   | ,   |   |                             |                   |                                  |  |                                     |                                      |                |                        |
| TITLE NAME SWAN, ROBERT H. 905 E M.L.K., JR DR., STE 227 TARPON SPRINGS FL  12 NAME 12 NAME 13 SIREET ADDRESS CITY-ST-ZIP TITLE  C NAME DONIZETTI, LARRY 950 CARSTAIRS CT. TARPON SPRINGS FL  1 DELETE 1 DELETE 2 STREET ADDRESS CITY-ST-ZIP TITLE 1 DELETE 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 1 DELETE 1 DELETE 1 STREET ADDRESS CITY-ST-ZIP TITLE NAME 1 DELETE 1 STREET ADDRESS CITY-ST-ZIP TITLE NAME 1 DELETE 1 DELETE 1 DELETE 1 STREET ADDRESS CITY-ST-ZIP TITLE NAME 2 STREET ADDRESS CITY-ST-ZIP TITLE NAME 2 STREET ADDRESS CITY-ST-ZIP TITLE NAME 2 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3 STREET ADDRESS CITY- | Signature, typed or printe  |   |   |                             | gent signature    | required whe                     |  |                                     |                                      |                |                        |
| NAME   SWAN, ROBERT H.   905 E M.L.K., JR DR., STE 227   13 SIREET ADDRESS   14 CITY-S1-ZIP   TARPON SPRINGS FL   12 SIREET ADDRESS   14 CITY-S1-ZIP   TARPON SPRINGS FL   21 III LE   |   | OFFICERS AND D                                    |   |                             |                   |                                  | ADDITIONS/C                            | HANGES TO C                         | FFICERS AND                          |                |                        |
| STRET ADDRESS OITY-ST-ZIP TARPON SPRINGS FL TITLE DONIZETTI, LARRY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-Z |   | <b></b>   | L_J DELETE  | 1.1 1111.6                  |                   | 1                                |  |                                     |                                      | Change         | Addition               |
| TARPON SPRINGS FL   14 CITY-ST-7IP   Tarpon Springs, FL 34689  |   |   |   |                             |                   |                                  |  |                                     |                                      |                |                        |
| DELETE   DELETE   2.1 TITLE   Change   Addition   DELETE   DELETE   2.2 NAME   2.2 NAME   2.2 NAME   2.3 STREET ADDRESS   DELETE   DELETE   3.1 TITLE   Change   Addition   Addition   DELETE   DELETE   DELETE   ADDRESS   DELETE   |   |   |   |                             | ET ADDRESS        |                                  |  |                                     |                                      | Dr, St         | ce 300                 |
| NAME   DONIZETTI, LARRY   950 CARSTAIRS CT.   2.3 STREET ADDRESS   2.3 STREET ADDRESS   2.4 CHY-ST-ZIP   TARPON SPRINGS FL   2.4 CHY-ST-ZIP  | V111 01 211   | NGS FL  |   | 1.4 CITY                    | ST - 7IP          | Tarp                             | on Sprin                               | gs, FL                              | 34689                                |                |                        |
| STREET ADDRESS   \$50 CARSTAIRS CT.  | 111144  | An en l 2   | ☐ DELETE  | 2.1 TITLE                   |                   |                                  |  |                                     |                                      | Change         | Addition               |
| TARPON SPRINGS FL   2.4 CITY-ST-ZIP     Change   Addition   Addi   |   |   |   | 2.2 NAM                     |                   |                                  |  |                                     |                                      |                |                        |
| DELETE   DELETE   3.1  |   |   |   | 2.3 STRE                    | ET ADDRESS        | 1                                |  |                                     |                                      |                |                        |
| NAME   | CITY-ST-ZIP TARPON SPRIF  | NGS FL  |   | 2. 4 CITY                   | - ST - 7IP        |                                  |  |                                     |                                      |                |                        |
| 3.3 STREET ADDRESS   3.4 CHY-S1-ZIP   3.4 CHY-S1-ZIP     Change   Addition    | TITLE   |   | L DELETE  | 3 1 1 ITLE                  |                   | }                                |  |                                     |                                      | Change         | Addition               |
| CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.2 NAME         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition  | NAME  |   |   | 3.2 NAMI                    |                   |                                  |  |                                     |                                      |                |                        |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME   | STREET ADDRESS  |   |   | 3.3 STRE                    | ET ADDRESS        |                                  |  |                                     |                                      |                |                        |
| 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   | CITY-ST-ZIP   |   |   | 3.4. CITY                   | S1-ZIP            | <u> </u>                         |  |                                     |                                      |                |                        |
| STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition   | TITLE   |   | L DELETE  | 4.1 TUTLE                   |                   |                                  |  |                                     |                                      | Change         | ☐ Addition             |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition   | NAME  |   |   | 4 2 NAM                     | ŧ                 | J                                |  |                                     |                                      |                | J                      |
| TITLE DELETE 5.1 TITLE Change Addition   | STREET ADDRESS  |   |   | 4.3 STRE                    | T ADDRESS         |                                  |  |                                     |                                      |                |                        |
|  | CITY-ST-ZIP   | · · · · · · · · · · · · · · · · · · ·             |   | 4.4 CITY                    | ST-7IP            |                                  |  |                                     |                                      |                |                        |
| NAME 5.2 NAME  | TITLE   |   | ☐ DELETE  | 5.1 1111.6                  |                   | 1                                |  |                                     |                                      | Change         | Addition               |
|  |   |   |   | 5.2 NAMI                    | :                 |                                  |  |                                     |                                      |                |                        |
| STREET ADDRESS 5.3 STREET ADDRESS  | STREET ADDRESS  |   |   | 5.3 STRE                    | T ADDRESS         |                                  |  |                                     |                                      |                |                        |
| CITY-ST-ZIP 54 CITY-ST-ZIP   |   |   |   |                             |                   |                                  |  |                                     |                                      |                |                        |
|  |   |   | ☐ DELETE  | 6.1 111LE                   |                   |                                  |  |                                     |                                      | Change         | Addition               |
| NAME 6.2 NAME  | NAME  |   |   | 6.2 NAMI                    |                   |                                  |  |                                     |                                      |                |                        |
| STREET ADDRESS 6 3 STREET ADDRESS  | STREET ADDRESS  |   |   | 6.3 STRE                    | 1 ADDRESS         |                                  |  |                                     |                                      |                |                        |
| CITY-ST-ZIP 64 CITY-S1-ZIP   |   |   |   |                             |                   | <u></u>                          |  |                                     |                                      |                |                        |
| 14. Ido 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 eath; the Lam 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  | <ol> <li>I do hereby certify that the in<br/>Information Indicated on this</li> </ol> | formation supplied wi<br>annual report or supp    | th this filing does not qualifulemental annual report is tr | y for the ex                | emption s         | stated in S<br>I that my s       | ection 119.07(3                        | 3)(i), Florida Sta<br>have the same | atutes. I further<br>legal effect as | certify that   | the<br>ider oath: that |