FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:17

DOCUMENT # **K14301** **(1)**

1. Corporation Name

AERO-TEK HIGH PERFORMANCE INC.

Principal Place of Business	Mailing Address
PO BOX 571 P. O. BOX 571 TALLEVAST FL 34243 US	PO BOX 571 P. O. BOX 571 TALLEVAST FL 34243 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1988
3a. Date of Last Report: 10/18/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 65-0052233 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) | Country (25) | Zip (29) | Country (30)

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZANINE, MARIE
677 N. WASHINGTON BLVD.
SUITE 82
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: ROBERT ZANINE
82 Street Address (P.O. Box Number is Not Acceptable): 1360 12TH STREET EAST
83
84 City: PALMETTO, FL **FL** 85 Zip Code: 34221

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: ROBert L. Zanine — April 27, 1995
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	D	11 TITLE	D ☒ Change ☐ Addition
NAME	ZANINE, ROBERT L.	12 NAME	Zanine, Robert
STREET ADDRESS	~~677 N. WASHINGTON BLVD.~~ N/A	13 STREET ADDRESS	PO BOX 82 N/A
CITY-ST-ZIP	~~SARASOTA FL 34236~~	14 CITY-ST-ZIP	Tallevast, FL 34270
TITLE	P	21 TITLE	P ☒ Change ☐ Addition
NAME	ZANINE, MARIE	22 NAME	Zanine, Marie
STREET ADDRESS	~~677 N. WASHINGTON BLVD.~~ N/A	23 STREET ADDRESS	PO BOX 82 N/A
CITY-ST-ZIP	~~SARASOTA FL 34236~~	24 CITY-ST-ZIP	Tallevast, FL 34270
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	REMITTED BY FED X
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: [signature] 4/27/95 813-359362[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488885 FP