


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

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K65879 (4)
 1. Corporation Name
AEROSPACE AIRWAYS, INC.

Principal Place of Business 2531 LANDMARK DR. STE. E-206 CLEARWATER FL 34621 US	Mailing Address 2531 LANDMARK DR. STE. 3-206 CLEARWATER FL 34621-3928 US
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2. Principal Place of Business 21 2783 Camden Road Suite, Apt. #, etc.	2a. Mailing Address 26 2783 Camden Road Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/15/1989	3a. Date of Last Report 06/19/1996
City & State 23 Clearwater, FL	City & State 27 Clearwater, FL	4. FEI Number 59-2930662	Applied For <input type="checkbox"/> Not Applicable
Zip 24 34619	Country 25 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GODFREY, GEORGE W. 2531 LANDMARK DR. SUITE E-206 CLEARWATER FL 34621	10. Name and Address of New Registered Agent 81 Name Godfrey, George W. 82 Street Address (P.O. Box Number is Not Acceptable) 2783 Camden Road 83 Clearwater, FL 34619 84 City Clearwater FL 85 Zip Code 34619
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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 **Geo. W. Godfrey** *Geo W Godfrey* **2/24/97**
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, GEORGE W.	1.2 NAME	Godfrey, George W.
STREET ADDRESS	2531 LANDMARK DR., SUITE E-206	1.3 STREET ADDRESS	2783 Camden Road
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	DSV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, JEANETTE A.M.	2.2 NAME	Godfrey, Jeanette A. M.
STREET ADDRESS	2531 LANDMARK DR., SUITE E-206	2.3 STREET ADDRESS	2783 Camden Road
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, TIMOTHY W.	3.2 NAME	Godfrey, Timothy W.
STREET ADDRESS	2531 LANDMARK DR., SUITE E-206	3.3 STREET ADDRESS	3051 Pine Street
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Geo W Godfrey* **2/24/97 (813) 791-4208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)