

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L26201 (8)**

1. Corporation Name

**AERO PRECISION REPAIR & OVERHAUL COMPANY, INC.**



Principal Place of Business

**580 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442**

Mailing Address

**580 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified <b>10/30/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0160974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**AMANTIA, WILLIAM P  
APRO  
580 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	12. NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	13. STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> DELETE	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	22. NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	23. STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> DELETE	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	32. NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	33. STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> DELETE	34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	42. NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	43. STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> DELETE	44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	52. NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	53. STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> DELETE	54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	62. NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	63. STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> DELETE		

*CONTINUED ON ATTACHED RIDER*

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, on an attachment with an address.

SIGNATURE: *William P. Amantia* **WILLIAM P. AMANTIA, V.P.** 1/22/95 (954) 428-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year) Telephone

CR2E034 (12/95)