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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33442-3011**

3. Date Incorporated or Qualified: **10/30/1989**
3a. Date of Last Report: **01/24/1996**
4. FEI Number: **65-0160974**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D	<input type="checkbox"/> DELETE
NAME: YOUNG, J. MORGAN	
STREET ADDRESS: 6015 MIDLAND AVENUE	
CITY - ST - ZIP: PARADISE ND 58052	
TITLE: D	<input type="checkbox"/> DELETE
NAME: GINOCCHIO, PETER L	
STREET ADDRESS: 6015 MIDLAND AVENUE	
CITY - ST - ZIP: PARADISE ND 58052	
TITLE: D	<input type="checkbox"/> DELETE
NAME: WISEKAL, FRANK W.	
STREET ADDRESS: 6015 MIDLAND AVENUE	
CITY - ST - ZIP: PARADISE ND 58052	
TITLE: D	<input type="checkbox"/> DELETE
NAME: XHOOLX, CHARLES	
STREET ADDRESS: Z AERONAUTIQUE L BREGUET	
CITY - ST - ZIP: VELIZY, FRANCE	
TITLE: D	<input type="checkbox"/> DELETE
NAME: GOSSET, BENOIT	
STREET ADDRESS: Z AERONAUTIQUE L BREGUET	
CITY - ST - ZIP: VELIZY FR	
TITLE: D	<input type="checkbox"/> DELETE
NAME: LECLERE, YVES	
STREET ADDRESS: Z AERONAUTIQUE L BREGUET	
CITY - ST - ZIP: VELIZY, FRANCE	

1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS: 200 Riser Road
1.4 CITY - ST - ZIP: Little Ferry, N.J. 07643
2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS: 200 Riser Road
2.4 CITY - ST - ZIP: Little Ferry, N.J. 07643
3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS: DASSAULT, LAURENT
3.4 CITY - ST - ZIP: 9, Rond-Point Des Champs-Elysees M.D. 75008 Paris, France
4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS: BROCHARD, PASCAL
4.4 CITY - ST - ZIP
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Amantia
Vice President

(954) 428-9500

CR2E034 (9/96)

DOC. # L26201

**A-PRO
580 S. Military Trail
Deerfield Beach, FL 33442
FEI No. 65-0160974**

Florida Department of State, Division of Corporations

12. Officers and Directors (continued)

7.1	Title:	P
7.2	Name:	Tearle, Alex V.
7.3	Address:	c/o 580 South Military Trail
7.4	City, State, Zip:	Deerfield Beach, FL 33442
8.1	Title:	V
8.2	Name:	Amantia, William P.
8.3	Address:	c/o 580 South Military Trail
8.4	City, State, Zip:	Deerfield Beach, FL
9.1	Title:	T
9.2	Name:	Vislocky, Joseph M.
9.3	Address:	c/o 200 Riser Road
9.4	City, State, Zip:	Little Ferry, N.J. 07643
10.1	Title:	S
10.2	Name:	Boyle, Matthew A.
10.3	Address:	c/o 200 Riser Road
10.4	City, State, Zip:	Little Ferry, N.J. 07643