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03-22-1999 90031 005 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L26201

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1989	4. FEI Number 65-0160974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNG, J. MORGAN
STREET ADDRESS	200 RISER RD
CITY-ST-ZIP	LITTLE FERRY NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	GINOCCHIO, PETER L
STREET ADDRESS	200 RISER RD
CITY-ST-ZIP	LITTLE FERRY NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	DASSAULT, LAURENT
STREET ADDRESS	9, ROND-POINT DES CHAMPS-ELYSEES MD
CITY-ST-ZIP	PARIS FR
TITLE	D <input type="checkbox"/> DELETE
NAME	BROCHARD, PASCAL
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: William P. Amantia **WILLIAM P. AMANTIA**
 PRESIDENT **2/28/99 (954) 428-9500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

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CORPORATION ANNUAL REPORT 1997

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DOC. # L26201

12. (CONTINUED)

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. 33442

- 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

word: fl-anrpt