Change

May 08, 1999 8:00 am Secretary of State

05-08-1999 90088 005 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

7.1	
DOCUMENT:	# 03080
DOCUMENT	" LJJJJJJ

7501 PEMBROKE ROAD

HOLLYWOOD FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

Corporation Name AERO TECH INDUSTRIE	ES INC.					
Principal Place of Business	Mailing Address			1	2511 \$1511 B1011 \$1011 B1811 01011 at	•
7501 PEMBROKE ROAD 7501 PEMBROKE ROA HOLLYWOOD FL 33023 HOLLYWOOD FL 33023			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
				08/17/1990		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied	For
21	26			65-0358193	Not App	licabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired [S8.75 Addition Fee Require	
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee	
	intry Zip	Country		This corporation owes the current Personal Property Tax.	t year Intangible ☐ Yes	0
	dress of Current Registered Agent			10. Name and Address of New Rec	gistered Agent	
BUTLER, JAMES L., SI 7501 PEMBROKE ROA HOLLYWOOD FL 3302	R. D	81 82 83	Name Street Add	dress (P.O. Box Number is Not Acceptable	e)	
		84	City		FL 85 Zip Code	
office or registered agent, or be agent. I am familiar with, and a	Sections 607.0502 and 607.1508, Florida Statutes oth, in the State of Florida. Such change was aut accept the obligations of, Section 607.0505, Floridations	nonzed by la Statutes	tne corporal	tion's poard of directors. Thereby accept t	irpose of changing its regis the appointment as register	tered ed
	name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS	tegistered Ager	it signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		N 12
12.	DELETE	1.1 TITLE		ADDITIONS/OTATIOED TO OTTE		Additi
TITLE DPS NAME BUTLER, JAMES	-	1.2 NAME				

DELETE

2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP ***-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TRILE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

14. I hereby certify that the information supplied with this fling 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 of suppremental a final 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 of rustee 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 by on an attact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-989-2086

CR2E034 (11/98)

Addition

☐ Addition