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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M88856**

1. Corporation Name
ERIKS AEROSPACE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3845 NW 25TH STREET (MIAMI, FL 33142)
 P.O. BOX 59-3087 MIAMI FL 33159

Mailing Address: 3845 NW 25TH STREET (MIAMI, FL 33142)
 P.O. BOX 59-3087 MIAMI FL 33159

3. Date Incorporated or Qualified: **07/08/1988**

4. FEI Number: **65-0082716**

5. Certificate of Status Desired: Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: **3002 N. Commerce Pkwy.**

2a. Mailing Address: **3002 N. Commerce Pkwy.**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State: **Miramar, Florida**

28. City & State: **Miramar, Florida**

24. Zip: **33025** 25. Country: **U.S.A.** 29. Zip: **33025** 30. Country: **U.S.A.**

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **CD WILLEMSEN, TON**

STREET ADDRESS **443 N MAIN ST**

CITY-ST-ZIP **GRAFTON OH 84044**

TITLE DELETE

NAME **P TREES, JAY**

STREET ADDRESS **3845 NW 25TH ST**

CITY-ST-ZIP **MIAMI FL 33142**

TITLE DELETE

NAME **S TUENGE, ALAN**

STREET ADDRESS **3845 N.W. 25TH ST.**

CITY-ST-ZIP **MIAMI FL 33142**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

32 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

52 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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: *Alan Tuenge* **ALAN TUENGE** 3-5-99 954-447-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)