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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001679 (8)**

1. Corporation Name

NATIONAL AEROSPACE FOD PREVENTION, INC.



Principal Place of Business	Mailing Address
% EULAIN ERI 3100 DURANGO RD. FT. WORTH TX 76116	% EULAIN ERI 3100 DURANGO RD. FT. WORTH TX 76116

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

3. Date Incorporated or Qualified	Applied For
04/07/1995	Not Applicable
4. FEI Number	
59-3304092	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
BURNWORTH, STACEY 211 MCLEOD ST. MERRITT ISLAND FL 32953

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	ERI, C. EULAIN E
SPUR #341 MZ 0890 LMTAS	FT. WORTH TX
CITY-ST-ZIP	
TITLE	NAME
TD	MCCORMICK, GAYLE
DEPT. 34 P.O. BOX 482 N/A	FORT WORTH TX 76101
CITY-ST-ZIP	
TITLE	NAME
D	YOUNKIN, ART
3663 N. SAM HOUSTON PKWY	HOUSTON TX
CITY-ST-ZIP	
TITLE	NAME
D	BELL, RICHARD
F/A 18 SELF GOVERNANCE AIRCRAFT DVI	HAWTHORNE CA
CITY-ST-ZIP	
TITLE	NAME
D	HARTZELL, DARYL E
173 INDUSTRY DRIVE	PITTSBURGH PA 15275
CITY-ST-ZIP	
TITLE	NAME
D	GRAHAM WINGROVE
130 DOUGLAS ST., STE 210	LANGLEY AFB VA
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
D	JEANNY BESSLER
SEATAC/PACIFIC HWY	SEATTLE, WA 98168-0727
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
D	CRAIG MANDEUILLE
2401 E. WARDLOW RD	LONG BCH, CA 90807-5309
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Eulaine Eri Jan. 7, 1998 (817) 560-2992

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