


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90046 017 ****61.25

0092213

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001679					
1. Corporation Name NATIONAL AEROSPACE FOD PREVENTION, INC.					
Principal Place of Business % EULAIN ERI 3100 DURANGO RD. FT. WORTH TX 76116			Mailing Address % EULAIN ERI 3100 DURANGO RD. FT. WORTH TX 76116		



2. Principal Place of Business 21 40 EULAIN ERI		2a. Mailing Address 26 40 EULAIN ERI		3. Date Incorporated or Qualified 04/07/1995	
Suite, Apt. #, etc. 300 S. SYKES CREEK PKY		Suite, Apt. #, etc. 300 S. SYKES CREEK PKY		4. FEI Number 59-3304092	
City & State 22 SUITE C-106		City & State 27 SUITE C-106		Applied For <input type="checkbox"/> Not Applicable	
City & State 23 MERRITT ISLAND, FL		City & State 28 MERRITT ISLAND, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32952		Country 25 USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 32952		Country 30 USA			

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 EULAIN ERI 82 Street Address (P.O. Box Number is Not Acceptable) 300 S. SYKES CREEK PKY. 83 SUITE C-106 84 City MERRITT ISLAND FL 85 Zip Code 32952			
--	--	--	--	---	--	--	--

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 **EULAIN ERI EXEC. DIR.** *C. Eulaine Eri* **2-2-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ERI, C. EULAIN			1.2 NAME	RICHARD BELL		
STREET ADDRESS	SPUR #341 MZ 6690 LMTAS			1.3 STREET ADDRESS	ONE HORNET WAY		
CITY-ST-ZIP	FT. WORTH TX			1.4 CITY-ST-ZIP	EL SEGUNDO, CA 90245		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCORMICK, GAYLE			2.2 NAME	DARYL HARTZELL		
STREET ADDRESS	DEPT. 34 P.O. BOX 482 N/A			2.3 STREET ADDRESS	173 INDUSTRY DR		
CITY-ST-ZIP	FORT WORTH TX 76101			2.4 CITY-ST-ZIP	PITTSBURGH, PA 15275		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BESSLER, JENNY			3.2 NAME	ANDREW KENNEY		
STREET ADDRESS	SEATAC/PACIFIC HWY			3.3 STREET ADDRESS	8550 ASTRONAUT BLVD.		
CITY-ST-ZIP	SEATTLE WA 98168-0727			3.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D (EXECUTIVE)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BELL, RICHARD			4.2 NAME	C. EULAIN ERI		
STREET ADDRESS	F/A 18 SELF GOVERNANCE AIRCRAFT DVI			4.3 STREET ADDRESS	SPUR # 341 LOCKHEED WAY		
CITY-ST-ZIP	HAWTHORNE CA			4.4 CITY-ST-ZIP	FT. WORTH, TX 76101		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARTZELL, DARYL E			5.2 NAME	GAYLE RAMSEY		
STREET ADDRESS	173 INDUSTRY DRIVE			5.3 STREET ADDRESS	DEPT. 34 P.O. BOX 482		
CITY-ST-ZIP	PITTSBURGH PA 15275			5.4 CITY-ST-ZIP	HURST BLVD.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAHAM WINGROVE			6.2 NAME	CRAIG MANDEVILLE		
STREET ADDRESS	130 DOUGLAS ST., STE 210			6.3 STREET ADDRESS	2401 E. WARDLOW RD.		
CITY-ST-ZIP	LANGLEY AFB VA			6.4 CITY-ST-ZIP	LONG BEACH, CA 90801-5309		

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, with all other like empowered.

SIGNATURE: **C. Eulaine Eri**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 817-763-3854

Date Daytime Phone #

CR2E037 (11/98)