05061999-90226-002-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

509040 - 90226 - 2

DOCUMENT # N98000007070

1. Corporation Name

THE AEROSPACE EDUCATION ALLIANCE, INC.

Principal Place of Business	Mailing Address
1721 NORTHWEST 11TH AVENUE HOMESTEAD FL 33030	1721 NORTHWEST 11TH AVENUE HOMESTEAD FL 33030

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/14/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0885203 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KURLAND, JACQUELINE I 9853 PINES BOULEVARD PEMBROKE PINES FL 33024	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	1.1 TITLE + 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
Executive Director/Founder Steven A. Bachmeyer 1721 N.W. 11 ave, Homestaed Fl	Board Member Iris Harris 4111 Willisms Ave, NE ~~Fort Wayne, Alabama 35967~~
TITLE D NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	2.1 TITLE + 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
Treas/Sect 33030 Mary Bachmeyer 1721 N.W. 11 Ave Homestead Fl 33030	Board Member Edith A. Magerkurth 1491 E. North Bear Creek Drive ~~Merced, CA 95340~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	3.1 TITLE + 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
Jeri Antozzi 509 East Shore Rd Oldsmar FL 34677	Barbara Phillips 957 Piedmont Oaks Drive ~~Apopka, FL 32703~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	4.1 TITLE + 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
	Board Member Carol L. Denicole 1059 Golfside Dr. Winter Park FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	5.1 TITLE + 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
	Board Member Teri MacNaughton 29421 S.W. 203 Ave ~~Homestead, FL 33030~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	6.1 TITLE + 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition
	Marie Grein 2290 Terrace Dr. N Clearwater, FL

CR2E037 (11/98)

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: [illegible] 4/28/99 305 245-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #