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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009709 (6)

1. Corporation Name
KMN AERO CORPORATION



Principal Place of Business: 1487 EVANS LANE, SUITE 100, JACKSONVILLE FL 32223, US

Mailing Address: 1487 EVANS LANE, SUITE 100, JACKSONVILLE FL 32223-0808, US

3. Date Incorporated or Qualified: 12/07/1992
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business: 2145 BISHOP ESTATE ROAD, JACKSONVILLE, FL 32259, DUAL

2a. Mailing Address: 2145 BISHOP ESTATE ROAD, JACKSONVILLE, FL 32259, DUAL

21. City & State: JACKSONVILLE, FL
22. Zip: 32259, Country: DUAL

23. City & State: JACKSONVILLE, FL
24. Zip: 32259, Country: DUAL

4. FEI Number: 59-3161863

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MARTINDALE, NEWMAN B, 1487 EVANS LANE, SUITE 100, JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent: MARTINDALE, NEWMAN B, 2145 BISHOP ESTATE ROAD, JACKSONVILLE, FL 32259

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KEMP, JAMES	
STREET ADDRESS	4151 WOODCOCK DR., SUITE 100	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, RICHARD H	
STREET ADDRESS	6910 EATON AVE.	
CITY - ST - ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINDALE, NEWMAN B	
STREET ADDRESS	1487 EVANS LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTINDALE, NEWMAN B
3.3 STREET ADDRESS	2145 BISHOP ESTATE ROAD
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32223
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Sandra B. Mortham* April 15, 1997 904/287-3553

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

CR2E034 (9/96)