

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:55

DOCUMENT # **P93000070671 (1)**

1. Corporation Name
AERO CONSULTANTS, INC.

Principal Place of Business Mailing Address
6575 W MCNAB RD 6575 W MCNAB RD
FT LAUDERDALE FL 33321 FT LAUDERDALE FL 33321

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/12/1993	3a. Date of Last Report 06/14/1994
4. FET Number 65-0452619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

SIEFERT, THEODORE R
8575 W MCNAB RD
FT LAUDERDALE FL 33321

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME SEIFERT, THEODORE R	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8575 W MCNAB RD	12 NAME	12 STREET ADDRESS	
CITY, ST, ZIP FT LAUDERDALE FL 33321	13 STREET ADDRESS	13 CITY, ST, ZIP	
TITLE	14 NAME	14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15 NAME	15 STREET ADDRESS	
STREET ADDRESS	16 STREET ADDRESS	16 CITY, ST, ZIP	
CITY, ST, ZIP	17 NAME	17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	18 NAME	18 STREET ADDRESS	
NAME	19 STREET ADDRESS	19 CITY, ST, ZIP	
STREET ADDRESS	20 NAME	20 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	21 NAME	21 STREET ADDRESS	
TITLE	22 STREET ADDRESS	22 CITY, ST, ZIP	
NAME	23 NAME	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	24 NAME	24 STREET ADDRESS	
CITY, ST, ZIP	25 STREET ADDRESS	25 CITY, ST, ZIP	
TITLE	26 NAME	26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 NAME	27 STREET ADDRESS	
STREET ADDRESS	28 STREET ADDRESS	28 CITY, ST, ZIP	
CITY, ST, ZIP	29 NAME	29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	30 NAME	30 STREET ADDRESS	
NAME	31 STREET ADDRESS	31 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears on this 1, 2, or Block (A) if change of name or attachment with an address.

SIGNATURE: **T.R. SEIFERT** 3/23/95 726-1332
SIGNATURE AND TYPE OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR