

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000070671 (1)**

1. Corporation Name

AERO CONSULTANTS, INC.



Principal Place of Business

**8575 W MCNAB RD
FT LAUDERDALE FL 33321**

Mailing Address

**8575 W MCNAB RD
FT LAUDERDALE FL 33321**

3. Date Incorporated or Qualified

10/12/1993

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

21 1068 N.W. 53RD STREET

2a. Mailing Address

26 1068 N.W. 53RD STREET

4. FEI Number

65-0452619

Applied For

Not Applicable

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

22 City & State

23 FT. LAUDERDALE, FL.

27 City & State

28 FT. LAUDERDALE, FL.

24 Zip

33309

Country

25 U.S.A.

29 Zip

33309

Country

30 U.S.A.

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

SEIFERT, THEODORE R.

82 Street Address (P.O. Box Number is Not Acceptable)

7368 WOODMONT AVE.

83

#106

84 City

TAMARAC

FL

85 Zip Code

33321

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SEIFERT, THEODORE R**
STREET ADDRESS **8575 W MCNAB RD**
CITY-ST-ZIP **FT LAUDERDALE FL 33321**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **SEIFERT, THEODORE R.**
1.3 STREET ADDRESS **7368 WOODMONT AVE., #106**
1.4 CITY-ST-ZIP **TAMARAC, FL. 33321**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

T. R. SEIFERT

SIGNATURE:

APRIL 12, 1996 954-772-8030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)