FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - \$1 - 21P



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070671 (1)

AERO CONSULTANTS, INC.

Principal Place of Business Mailing Address 1068 NW 53RD ST 1068 NW 53RD ST FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-3146 3. Date incorporated or Qualified 3a. Date of Last Report 10/12/1993 04/17/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0452619 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Zip Country Country This corporation has liability for intangible tox under s. 199.032, Florida Statutes Yes XNo Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SIEFERT. THEODORE R 7368 WOODMONT AVE Street Address (P.O. Box Number is Not Acceptable) **STE 106 B3** TAMARAC FL 33321 City 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 Styr ature, 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 DELETE Change Addition THE 11 TITLE SEIFERT, THEODORE R NAME 1.2 NAME 7368 WOODMONT AVE, #106 STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL CITY-ST-7/P 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE THEF 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information appried 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 export 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 composition or the occeiver or trubble empoyered to execute this report as appears in Block 12 or Block 13 inchanged, or on all attachment with an address.

SIGNATURE:

64 CITY-ST-7/P

FILED Feb 12 1997 8:00am Secretary of State

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