


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0123656

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

98 AUG 26 AM 8:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000042125 (2)

1. Corporation Name
AEROCAD INC.



Principal Place of Business 10116 N. CLEMENS 202 JUPITER FL 33477 US	Mailing Address 10116 N. CLEMENS 202 JUPITER FL 33477 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1994

2. Principal Place of Business 21 1016 N. Clemens	2a. Mailing Address 26 1016 N. Clemens
Suite, Apt. #, etc. 22 #202	Suite, Apt. #, etc. 27 #202
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number
65-0496469

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3000 2625989-6
83	08/26/98 01096-012
84 City	****150.00 ****150.00
85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESLEIN, MARK E	1.2 NAME	
STREET ADDRESS	431 JUPITER LAKES BLVD #2112D	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANDREW G III	2.2 NAME	
STREET ADDRESS	711 WARREN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE *Andrew G. Smith III* REQUIRE **Andrew G. Smith III, 7/20/98 561-745-9024**

CR2E034 (5/98)

Terrett's Business Services, Inc.

Accounting & Taxes
312 S. Old Dixie Hwy., Suite 107
Jupiter, Florida 33458

Telephone (561) 746-7506
Fax (561) 575-3113

July 20, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. box 1500
Tallahassee, Florida 32302-1500

RE: AEROCAD INC.
Document # P94000042125 (2)
1998 Annual Report

Dear Sir/Madam,

As per my phone conversation on July 16, 1998 with Gina, I have enclosed the copy of the original Corporate Annual Report for the above mentioned client, another check for payment of the \$150.00, and the duplicate report recently sent from the State; completed and signed.

My client previously sent the original Annual Corporate Report on or about February 20, 1998, with check #2590; which according to the bank, has still not cleared as of this date.

Thank you for your assistance in clearing up this matter.

Sincerely,



Christel S. Robison
Associate