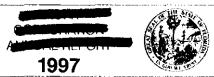
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400091555** (0)

AEROJET SERVICE CENTER INC. REINSTATEMENT 1997



97 OCT 17 PM 1:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business			Mailing Address				i radiiedt iid ikili didii e	DIST BRITE BATTI BE	(ini miimi	U III 1887	
304 CITATION PT. NAPLES FL 33942			304 CITATION PT. NAPLES FL 34104-3534									
TOTAL COURT OF THE SOL	-7 4		1811 220 12 07101 0007									
							3. Date Incorporated or 12/16/1994	Qualified	3a. Date of 07/02/19		eporl	_
	Place of Business		2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number				plied For	7
21			26			65-0546655 Not Applic					o	
Suite, Apt. #, etc.			Suite, Apt #, etc.			5. Certificate of Status t	Desired	\$8.75 Additional Fee Required				
City & State			City & State			6. Election Campaign Financing \$5.00 May Be					7	
23			28			Trust Fund Contribution Added to Fees						
Zip Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,						
24	25 29 29 9, Name and Address of Current Registered Age			30			Florida Statutes Yes No 10, Name and Address of New Registered Agent					
Chair	TH, DAMEL	iless of Current H	egistereo Agont	}	81	Name -		Or New Negr	Stered Agen			
	CITATION PT.						DENKERS KI	<u>vai</u>				_
	LES FL 33942				82	Street Add	ress (P.O. Box Number is No	ol Acceptable	o) 			
			7		83	304	CITATION PT					
	_	///			B4	City N	Aples		FL 85	Ζφ (Code	
11. Pursuant	to the provisions of Sc	ection 607:05:02 a	nd 607.1508, Florida Stati	ites, the ab	ove	-named corp	poration submits this stateme tion's board of directors. I he	ent for the pur	rpose of chan			ī -
office of f	registered agent, or n im familjar with, apg a	pent the obligation	riorida: Such change was no of, Section 607 0505, I	i aumorized Jorida Statu	o by utes	ine co ppora	Hen's board of directors. I he	reby accept	the appointm	ent as	regisierea	
SIGNATURE	America of must re	visc of redistered agent ar	. J. H.Y 1	De 1/1	le.	As 3	tResiden +	10/17	1/97			
12.		OF LICERS AND D		13.		ii organic o recen	ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRE	CTOR	\$ IN 12	15
TITLE	D		DELETE	1100	LE				□ c	nange	Addition	~ \{
NAME	Dekkers, Rudi i	1		1.2 NAI	ME		رسدن رسان وساد	5 (***) ****)	രാചയാ	12.		
STREET ADDRESS	304 CITATION PT.			1.3 STF	RECT.	ADDRESS	3000	リリイニ マン 1072079	e − − 10 1 1 2 17 – − Ω 1 1 2	(q	nn4 🖳	١į
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NAME				3.2 NAI	M.E	Ì						
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NAME				5.2 NAI				. 1	e .			
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NAME				6.2 NAM				1-11	1117			
STREET ADDRESS				1		ADDRESS						
CITY-S1-ZIP	ny certify that the infer	mation constinct	th this functions not our	6.4 Dit			d in Section 119 07/3)(i) Flor	ida Statutos	Lifurther certif	v that	tho.	_{

information indicated on this annual report of 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 row even of trustee employered 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 the attachment with an address.