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 #	P95000014062	(0)
------------	--------------	-----

AEROSUN AVIATION, INC.

Principal Place of Business

Mailing Address



1531 S.E. 24TH TERRACE POMPANO BEACH FL 33062			1531 S.E. 24TH TERRAGE POMPANO BEACH FL 33062								
							3. Date Incorporated or Qualified 02/13/1995	3a. Date o	f Last Re	aport	
2. Principal Plac	ce of Business	2a.	Mailing Address				4. FEI Number			Applied For	
21		26	en e				65-0557985	>	1	Vot Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			D May Be i to Fees	
Žip 24	Country 25	29]	Z ip	30	ountry		8. This corporation has liability for i Florida Statutes Yes	⊠ No		199.032,	
	9. Name and Address of Curren	t Regis	tered Agent		-	T	10. Name and Address of New R	egistered Aç	jent		
					81	Name					
BELOTTO, ANTHONY J 1531 S.E. 24TH TERRACE						Street Addre	tress (P.O. Box Number is Not Acceptable)				
POMPA	NO BEACH FL 33062				83						
					84	City		FL	85 Zig	Code	
or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Such	n change was authorize	ed by th	bove-r	named corpora oration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of chang pintment as re	ging its r gistered	egistered office agent. I am	
SIGNATURE											
	ignature, typed or printed name of registered agent OFFICERS AND			··		t signature required		DATE OF DO AND D	DEOTO	DO IN 40	
12.	PSTD OFFICERS AINL	DIME	DELETE	1;	3. 1 111LE	-	ADDITIONS/CHANGES TO OFFI		Change	Addition	
NAME	BELOTTO, ANTHONY J				2 NAME			السا	Onlango		
STREET ADDRESS	1531 S.E. 24TH TERRACE					ADDRESS					
CHTY+ST-ZIP	POMPANO BEACH FL 3306	2			4 CITY - S						
TITLE		<u>.</u>	☐ DELETE		1 TITLE	71-21			Change	[] Addition	
NAME					2 NAME			_	•		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					4 CITY-S						
TITLE			DELETE		1 THLE				Change	Addition	
NAME				3:	2 NAME						
STREET ADDRESS				3	3. STREE	T ADDRESS					
CITY-ST-ZIP				3 -	4 CHTY - S	ST - ZIP					
TITLE			DELETE	4	1 TITLE				Change	Addition	
NAME				4.	2 NAME						
STREET ADDRESS				4.	3 STREET	ADDRESS					
CITY-ST-ZIP				4	4 CITY - S	ST - ZIP					
TITLE			☐ DELETE	5.	1 TITLE				Change	Addition	
NAME				5	2 NAME						
STREET ADDRESS				5.	3 STREET	ADDRESS					
CITY-ST-ZIP				5.	4 CITY-5	ST-ZIP					
TITLE			☐ DELETE	6.	1 TITLE				Change	☐ Addition	
NAME				6.	2 NAME						
STREET ADDRESS				6.	3 STREET	ADDRESS					
CITY-ST-ZIP				6.	4 CITY-5	ST-ZIP					
	cortify that the information supplied s	with this	filing is voluntarily furgi				or the exemption stated in Section 119	07/3\ft4 Eloric	la Statut	oc I further	

receipt of 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

SIGNATURE: