

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

98 APR 23 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020174 (5)

1. Corporation Name
AMERICAN AERIALS, INC.



REINSTATEMENT 97-98 ad
DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1739 SHELburne LANE
SARASOTA FL 34231**

Mailing Address
**P.O. BOX 40036
SARASOTA FL 34242-0036**

2. Principal Place of Business
21 **1209 TREE BAY LANE**

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 **SARASOTA FL**

27 City & State
28

24 Zip **34242** 25 Country **USA**

29 Zip 30 Country

3. Date Incorporated or Qualified **03/13/1995** 3a. Date of Last Report **03/06/1996**
4. FEI Number **65-0570097** 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

10. Name and Address of New Registered Agent

**KING, CLIFFORD M
100 WALLACE AVENUE
SUITE 380
SARASOTA FL 34237**

81 Name **HAROLD H. KRAUSE**
82 Street Address (P.O. Box Number is Not Acceptable) **1209 TREE BAY LN.**
83
84 City **SARASOTA** FL 85 Zip Code **34242**

11. Pursuant to the provisions of Sections 607.0509 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]
Signature: typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** DELETE
NAME **KRAVE, HARALD**
STREET ADDRESS **1739 SHELburne LANE**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE Change Addition
1.2 NAME **KRAUSE, HARALD**
1.3 STREET ADDRESS **1209 TREE BAY LANE**
1.4 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **VPS** DELETE
NAME **KRAUSE, CHRISTINE**
STREET ADDRESS **1739 SHELburne LANE**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **1209 TREE BAY LANE**
2.4 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **000002502780--6**
3.4 CITY-ST-ZIP **-04/28/98--01062--003**
******900.00 ****900.00**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
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 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:

[Signature] **4/6/98 (44)349-1700**

CR2E034 (4/97)