

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90069 017 ***150.00

0143862

DOCUMENT # P95000022025

1. Corporation Name
AERIAL TWO, INC.



Principal Place of Business

5365 MYRTLE TERRACE
PLANTATION FL 33317
US

Mailing Address

5365 MYRTLE TERRACE
PLANTATION FL 33317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

2. Principal Place of Business

21 3854 NW 89 WAY

2a. Mailing Address

26 3854 NW 89 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 COOPER CITY, FL

City & State

28 COOPER CITY, FL

Zip

24 33024

Country

25 BROWARD

Zip

29 33024

Country

30 BROWARD

4. FEI Number

65-0586938

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

RORER, ERNEST H
5365 MYRTLE TERRACE
SUITE 252
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

RORER, ERNEST H.

82 Street Address (P.O. Box Number is Not Acceptable)

3854 NW 89 WAY

83

84 City

COOPER CITY

FL

85 Zip Code

33024

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RORER, ERNEST H
STREET ADDRESS 5365 MYRTLE TERRACE
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE TSD
NAME RORER, MARILYNN K
STREET ADDRESS 5365 MYRTLE TERRACE
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD
RORER, ERNEST H
3854 NW 89 WAY
COOPER CITY, FL 33024

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TSD
RORER, MARILYNN D.
3854 NW 89 WAY
COOPER CITY, FL 33024

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Y. Ernest Rorer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ERNEST RORER 29 JAN 99 954-989-2086

CR2E034 (1/198)