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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000022027 (3) AERIAL THREE, INC.

FILED Apr 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 7501 PEMBROKE ROAD 7501 PEMBROKE ROAD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-2579											
							3	Date Incorporated or Qualified 03/17/1995		te of Last F 29/1996	Report
·	Place of Business	F1	g Address				4	, FEI Number			pplied For
Suite, Apt	L # 610:	26 Suite	Apt. #, etc.					65-0586941			lot Applicable Additional
22	,	27	7 451. 17 512.				5	Certificate of Status Desired	<u>'</u> □ .		Required
City & Sta	ile	City 8	State			J	6	. Election Campaign Financing) May Be
23	Country	28		T 650	(extend			Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip 29		30	untry		8	This corporation has liability for Florida Statutes	ntangible Yes [s. 199.032,
 29	9, Name and Address of Cur		Agent	[30]	Ι		10	, Name and Address of New Je	3		
ВИТ	TLER, JAMES L JR				B1	Name		<u> </u>	·		
7501 PEMBROKE ROAD					82	Street Ad	ddress (ss (P.O. Box Number is Not Acceptable)			
HO	LLYWOOD FL 33023										
					83						
İ					84	City		······································	FL	85 Zip	Code
SIGNATURE	am familiar with, and accept the ot) agent and title it applica	able (NC	DTE: Registers		ant signature rec	equired whe		DATE		
12.	OFFICERS T PSD	AND DIRECTORS	DELETE	13.	 ITI E	——Т		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO:	
NAME	BUTLER, JAMES L JR			12 N				•		orango	Auditor
STREET ADDRESS	7501 PEMBROKE ROAD					ADDRESS					
C(TY - ST - 7)P	HOLLYWOOD FL 33023			1.40	ITY-S	T - ZIP	_				
TITLE			DELETE	2.1 T	ITLE					Change	Addition
NAME				2.2 N							
STREET ADDRESS						ADDRESS					
CHY-ST-ZIP TITLE			DELETE	2. 4 t		ST-ZIP				Change	Addition
NAME				3.2 N						. = •	
STREET ADDRESS	5					ADDRESS					
CHY-ST 7F				3.4.0	CITY-S	ST-ZIP				-	
TITLE			DELETE	4.1 T			•			Change	Addition
NAME				4.21							
: STREET ADDRESS						ADDRESS					
- CITY - ST - ZIP - THILE			DELETE	5.1 T	ITY-S ITLE	1 - ZIP				Change	Addition
*NAME				52 N							
STREET ADDRESS	,					ADDRESS					
CITY - ST - ZIP					ITY-S						
1171.[DELETE	6.1 T						Change	Addition
NAME				6.2 N	IAME						
STREET ADDRESS				6.3 \$	TREET	ADDRESS					
CITY+ST-ZIP	1			6.4 C	ITY-S	T-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 13 if changed, or on an attachment with an address.

SIGNATURE:

954 6807704