FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000028297 (6)

AERONAUTICAL SERVICES AND CONSULTING, INC.						
Principal Place of Business Mailing Address					r 18411681 118 18181 8414 88111 8611	it marri amria riado inira itaca nasti indi ilas:
3831 N.W. 60 Virginia gai	NH COURT RDENS FL 33166	3831 N.W. 60TH COU VIRGINIA GARDENS I				
					3. Date incorporated or Qualified 04/10/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Z _i p	Country Zip		Country		8. This corporation has liability for	
24	25 9. Name and Address of Curr	29	30]	·	Florida Statutes Yes	
	8. Hallo allo Address or Call	ent negistered Agent	81	Name	10. Name and Address of New I	registereo Agent
FILINGS,	. INC.				75 O 6	
	W. 16TH STREET		82	Street Addr	ress (P.O. Box Number is Not Acceptal)e)
FORT LA	NUDERDALE FL 33311	•	83			, MATERIAL DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA
			84	City		B5 Zip Code
46 ()	M	20 - 1002 4500 51 11 0		l		FL
or registere familiar with	ed agent, or both, in the State of Flo In, and accept the obligations of, Se	oz and 607.1508, Florida Staturida. Such change was authori. ction 607.0505, Florida Statute	tes, me above-i zed by the corp s.	oration's boa	ration submits this statement for the pure of directors. I hereby accept the app	rpose of changing its registered office rointment as registered agent. I am
!	Signature, typod or printed name of registered ag-		OTE Registered Ager	nt signature require		DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE NAME	SCOTT, STEVEN		1 1 THTLE 12 NAME			Change Addition
STREET ADDRESS			13 STREET	ADDRESS		
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166		1.4 CITY - S			
TITLE			2 1 TITLE			Change Addition
NAME	BERRY, FRANK 22		2 2 NAME	Ì		
STREET ADDRESS				ADDRESS		_
CITY-ST-ZIF	VIRGINIA GARDENS FL 331		24 D/TY-S	1 - ZIP		
TITLE		DELETE	3. 1 TITLE			Change Addition
NAME STREET ADDRESS			3.2 NAIVE			
CITY-ST-ZIP			3.3 STREET			
THE		DELETE	3.4 CITY - S 4. 1 TITLE	1 - Z1r		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
C/TY+S1+ZIP			4.4 CITY - S	T - ZIF'		
THILE	DELETE 5 11				Change Addition	
NAME	521		5.2 NAME		3000018358	
STREET ADDRESS			5 9 STREET		***200.00	TWW WELL
CITY-ST-ZIP		FT bt ft	5.4 CITY- S	1-719		F-7 (Ab
TITLE		[]] DETETE	6. 1 THE			☐ Change ☐ Addition
NAME SYREET ADDRESS			6.2 NAME	ADDOLOG		5".\
CITY ST. 7IP			6.3 STREET	WINDRESS		15"

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and doos not qualify for 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

305 871-5557

Dayt me Phone #

2E034 (12/95)