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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000052437 (7)**

1. Corporation Name

AEROSPACE & ADVANCED TECHNOLOGIES, INC.

Principal Place of Business

**8136 SE PALM HAMMOCK LANE
HOBE SOUND FL 33455**

Mailing Address

**8136 SE PALM HAMMOCK LANE
HOBE SOUND FL 33455-8220**



3. Date Incorporated or Qualified

07/03/1985

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PECORARO, RALPH
8136 SE PALM HAMMOCK LANE
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PECORARO, RALPH	
STREET ADDRESS	8136 SE PALM HAMMOCK LANE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHEW, DAVID	
STREET ADDRESS	21-04 PEARL TOWER 62 BAY SHORE	
CITY-ST-ZIP	SINGAPORE 16	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COOK, CHING CHEN	
STREET ADDRESS	21-04 PEARL TOWER 62 BAYSHORE	
CITY-ST-ZIP	SINGAPORE 16	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PECORARO, GERALD	
STREET ADDRESS	8136 SE PALM HAMMOCK LANE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE:

Ralph Pecoraro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97
Date

561-781-4835
Daytime Phone

032802

CR2E034 (9/96)