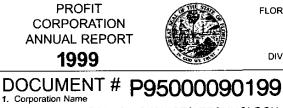
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA AEROSPACE SERVICES TECHNOLOGY, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90152 029 ***150.00

Principal Place of Business			Mailing Address							
2036 MAYPORT ROAD		PO BOX 330689								
ATLANTIC BEACH FL 32233			JAX FL 32233-689 US					DO NOT WRITE IN THIS SPACE		
		03						3. Date Incorporated or Qualifed		
							ı	11/22/1995		. \
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number	Apr	lied For
21		26	26					59-3358996	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22		27	27					5. Certificate of Status Desired	Fee Red	quired
City & State			City & State					6. Election Campaign Financing	\$5.00	
23		28						Trust Fund Contribution	Added to	Fees
Zip	Country	\perp	Zip	Cou	ntry			8. This corporation owes the current year Int		
24	25	29		30	_			Personal Property Tax.	· .	□No
	9. Name and Address of Curre	nt Regist	tered Agent		81	Name		10. Name and Address of New Registered	Agent	
VAZIL E	IAMO DODEDT A				• •	Mame				
WILLIAMS, ROBERT A			82 Street			Street /	Addres	ss (P.O. Box Number is Not Acceptable)		
2036 MAYPORT ROAD						83				
ATLANTIC BEACH FL 32233						•				i
					84	City		FL	85 Zip C	ode
<u>.</u>		00 100	7 4500 Florido Otatud	an than	<u> </u>	nomod		ration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State	of Florid	a. Such change was a	uthorized	1 DV 1	tne corbo	pration	n's board of directors. I hereby accept the appoi	intment as reg	istered
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	rida Stati	utes.					
SIGNATURE	2 /		(1)075	Desistant		t sieneture re	non-listed to	when reinstating) DATE		Ì
Signature, typed or printed name of registered agent 12. OFFICERS AN						i signature is	equaeu v	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
TITLE	PD	NO DINE	DELETE	1.1 TI	TLE			// DETITION OF THE PROPERTY OF	Change	Addition
NAME	WILLIAMS, ROBERT A			1.2 N						
STREET ADDRESS	2036 MAYPORT ROAD					ADDRESS		•		
	ATLANTIC BEACH FL 32233									
CITY-ST-ZIP TITLE	S DEADLITE GEEGG			1.4 CITY-ST-ZIP 2.1 TITLE					☐ Change	☐ Addition
NAME	POWELL, DONALD G	_			22 NAME					
STREET ADDRESS	1863 STATE ROAD 20			2.3 STREET ADDRESS						
	HAWTHORNE FL 32640				ITY-S			i .		
CITY-ST-ZIP TITLE	TIAWTHONINE FE 02040		☐ DELETE	3.1 TI					Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 \$1	TREET	ADDRESS				1
CITY-ST-ZIP				3.4. C	TY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TI					Change	☐ Addition
NAME				4. 2 N	AME	1				
STREET ADDRESS				4.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP					TY- \$1	į				
TITLE			☐ DELETE	5.1 Ti					☐ Change	☐ Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S	TREET	TADDRESS				
CITY-ST-ZIP				5.4 C	ITY-SI	T- ZIP		·		
TITLE			☐ DELETE	6.1 Ti	TLE				☐ Change	☐ Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET	T ADDRESS				

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, an all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

352-371-4108