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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001926

1. Corporation Name

AEROSPACE INSIGHTS, INC.

Principa	I Place of	Busines
1190 ST.	GEORGE	ROAD
MEDDITY	TOT A NID 1	1 20050

Mailing Address

1190 ST. GEORGE ROAD MERRITT ISLAND FL 32952

FILED Apr 15, 1999 8:00 am Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc.
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. FEI Number 3. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Added to Fee 9. Name and Address of Current Registered Agent BOTTOMLEY, SHIRLEY 1190 ST. GEORGE ROAD MERRITT ISLAND FL 32952 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 regist 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 register agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes. SIGNATURE Signature, typed or printer/named registered agent and stills if apptingly. Not Applied 59-3352330 Not Applied 55. Certificate of Status Desired \$8.75 Addition Fee Require \$5.00 May Added to Fee \$10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printer/named registered agent and stills if apptingly. (NOTE: Registered Agent supnature required when reinstating) 12. OFFICERS AND DIRECTORS I
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Suite, Apt. #, etc. Suite, Apt. #, etc.
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Zip Country Zip Country 23 Country 25 Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 24 Personal Property Tax. Yes 25 Personal Property Tax. Yes 26 Personal Property Tax. Yes 27 Personal Property Tax. Yes 28 Personal Property Tax. Yes 29 Personal Property Tax. Yes
9. Name and Address of Current Registered Agent BOTTOMLEY, SHIRLEY 1190 ST. GEORGE ROAD MERRITT ISLAND FL 32952 82 Street Address (P.O. Box Number is Not Acceptable) 83 Keep Address (P.O. Box Number is Not Acceptable) 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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes. SIGNATURE Signature, typed or printer/mam/ of registered agent and title if applyingly. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS
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NAME Battanley Godfrey
STREET ADDRESS 1/90 Sti George Road XTD 23 STREET ADDRESS 1/90 Sti George Rd
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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.