

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017534

1. Corporation Name

AET MANAGEMENT, INC.

Principal Place of Business

3530 ENTERPRISE WAY
GREEN COVE SPRINGS FL 32043

Mailing Address

3530 ENTERPRISE WAY
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

21 1057 Ellis Road N

Suite, Apt. #, etc

22 Unit 4

City & State

23 Jacksonville, FL

Zip

24 32254

Country

25 USA

2a. Mailing Address

26 1057 Ellis Road N.

Suite, Apt. #, etc

27 Unit 4

City & State

28 Jacksonville, FL

Zip

29 32254

Country

30 USA

9. Name and Address of Current Registered Agent

KIRSCHNER, MAIN, PETRIE, GRAHAM, ET AL, PA
ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

59-3433245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

Smith Hulsey & Busey

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

225 Water Street, Suite 1800

83

84 City

Jacksonville

FL

85 Zip Code
32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 By: Smith Hulsey & Busey

Vice-President

April 23, 1999

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE

NAME BYROM, JOHN W
STREET ADDRESS 6614 BROOKLN BAY ROAD
CITY-STATE-ZIP KEYSTONE HEIGHTS FL

TITLE PTSD ☒ DELETE

NAME SMITH, JOHN R JR.
STREET ADDRESS 1800 ENTERPRISE CNTR., 225 WATER STREET
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DPS ☐ Change ☒ Addition

12 NAME Richard Squires
13 STREET ADDRESS 1057 Ellis Rd. N.
14 CITY-STATE-ZIP Jacksonville, FL 32254

21 TITLE DV ☐ Change ☒ Addition

22 NAME Thomas Hohle
23 STREET ADDRESS Hessegasse 30 RH 11
24 CITY-STATE-ZIP 1220 Vienna, Austria

31 TITLE DV ☐ Change ☒ Addition

32 NAME Thomas Pedrizzi
33 STREET ADDRESS Bahnhofplatz 9
34 CITY-STATE-ZIP 8023 Zurich, Switzerland

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999

(904) 695-2000
Daytime Phone