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Apr 21 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 # P96000032162 (5)

1. Corporation Name  
AEROSOURCE, INC.

Principal Place of Business  
129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

Mailing Address  
129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870-3602



2. Principal Place of Business 21 6208 Lakeshore Rd 22 Suite, Apt. #, etc. 23 Sebring, FL 24 33870 25 Highlands		2a. Mailing Address 26 POB 3911 27 Suite, Apt. #, etc. 28 Sebring, FL 29 33871 30 Highlands		3. Date Incorporated or Qualified 04/11/1996	3a. Date of Last Report N/A
5. Certificate of Status Desired <input checked="" type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		9. Name and Address of Current Registered Agent MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVENUE SEBRING FL 33870		10. Name and Address of New Registered Agent N/A	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/>		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City		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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BRADFORD, G. LANE	
CITY-ST-ZIP	33870 LAKE SEBRING DR SEBRING FL 33870	
TITLE	D	DELETE
NAME	LUDWIG, JEFFREY K	
STREET ADDRESS	3230 WYNSTONE CT	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS	6208 Lakeshore Rd	
2.4 CITY-ST-ZIP	Sebring, FL 33870	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 on an attachment with an address.

SIGNATURE:

*[Signature]*

4/7/97 941/655-4610

CR2E034 (9/96)