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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032523 (8)

AE LAND TECH, INC.

Principal Place of Business

Mailing Address

16057 TAMPA PALMS BOULEVARD TAMPA FL 33647

16057 TAMPA PALMS BOULEVARD TAMPA FL 33847-2001

FILED May 28 1997 8:00am Secretary of State



						3. Date incorporated or Qualified 3a. Date of Last Report 04/10/1996				
2. Principal Place of Business		2a. Maiting Addr	2a. Maiting Address			4. FEI Number 96 7 8		Ap	plied For	
21		26				59337 9678		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	:	City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 25	Ζιρ 29	30 Cc	xuntry	,	This corporation has flability for Florida Statutes	intangible Yes	tax under s.	199.032,	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered /	\gent		
AUDI	ette, duane			81	Name				1	
14535 BRUCE B. DOWNS BOULEVARD TAMPA FL 33613				82 Street Add		dress (P.O. Box Number is Not Acceptat	ole)			
I AMI	-A FL 33013			83						
				84	/		FL	1 .	Code	
agent fai	to the provisions of Sections 607.050 egistered agont, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Flori o of Florida. Such char pations of, Section 607	da Statutes, the nge was authoriz .0505, Florida St	abov ed b atute	e-named cor y the corpora is.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of pt the app	changing it ointment as	s registered registered	
SIGNATURE	Signature, typed or profed name of registered ag-	ent and tire if applicable	(NOTE: Registe	ed Ag	ent signature requ	uired when reinstaling)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13) .		ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	PSTD	D	ELETE 1.1	TITLE				Change	Addition	
NAME.	AUDETTE, DUANE		1.2	NAME						
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CITY - S1 - ZIF	TAMPA FL 33647		14	CHY-:	SY-ZIP				ļ	
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4. 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 office 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 \$\frac{\pi}{2}\$ if changed or on an attachment with an address.

DUANE AUDETTE 4/24/97

SIGNATURE

2/6-276 2 Daytime Phone #