

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

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Mar 31 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 # P96000049842 (3)

1. Corporation Name
A & E INDUSTRIES, INC.

Principal Place of Business
**6201 12TH AVE
NEW PORT RICHEY FL 34653**

Mailing Address
**6201 12TH AVE
NEW PORT RICHEY FL 34653-5225**



2. Principal Place of Business 21 16104 Jetson Drive Suite, Apt. #, etc.		2a. Mailing Address 26 16104 Jetson Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
22 City & State 23 Springhill, FL		27 City & State 28 Springhill, FL		4. FEI Number 59-3383643	Applied For <input type="checkbox"/> Not Applicable
24 Zip 34610		25 Country Hernando		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 34610		30 Country Hernando		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

PADGETT, EARL E JR
6201 12TH AVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name
Shaw, Andrew J.
82 Street Address (P.O. Box Number is Not Acceptable)
16104 Jetson Drive
83
84 City
Springhill **FL** **85 Zip Code**
34610

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:  **ANDREW J. SHAW** **February 20, 1997**
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, EARL E JR	1.2 NAME	
STREET ADDRESS	6201 12TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P, VP, S, T, D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, ANDREW J	2.2 NAME	Shaw, Andrew J.
STREET ADDRESS	16104 JETSON DR	2.3 STREET ADDRESS	16104 Jetson Dr.
CITY - ST - ZIP	SPRING HILL FL 34610	2.4 CITY - ST - ZIP	Springhill, FL 34610
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  **ANDREW J. SHAW** **February 20, 1997 813-857-9557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)