


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000032080		
1. Corporation Name AIE, INC.		

Principal Place of Business 21 BUTTONWOOD DRIVE EAST SUGARLOAF KEY FL 33044		Mailing Address 21 BUTTONWOOD DRIVE EAST SUGARLOAF KEY FL 33044	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/08/1997	4. FEI Number 65-0743008
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State	27 City & State	7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Zip	28 Zip		
24 Country	29 Country		

9. Name and Address of Current Registered Agent VURAL, EROL M 3301 RIVERA DRIVE KEY WEST FL 33040		10. Name and Address of New Registered Agent LYNNE HANKINS FIELSON 19980 OVERSEAS HWY SUGARLOAF KEY FL 33044	
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.		12. Signature of Registered Agent LYNNE HANKINS FIELSON	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME EICHNER, ARTHUR		1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS 21 BUTTONWOOD DRIVE EAST		1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.4 CITY-ST-ZIP SUGARLOAF KEY FL 33044		1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

2.1 TITLE VD		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME EICHNER, IDA		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS 21 BUTTONWOOD DRIVE EAST		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.4 CITY-ST-ZIP SUGARLOAF KEY FL 33044		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE STD		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME EICHNER, ARTHUR		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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3.4 CITY-ST-ZIP SUGARLOAF KEY FL 33044		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.		15. Signature of Officer or Director LYNNE HANKINS FIELSON	
SIGNATURE		DATE 10-20-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 305-745-8668	

FILED
99 NOV -3 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 99

3. Date Incorporated or Qualified 04/08/1997		4. FEI Number 65-0743008	
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