

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

**FILED**

**Apr 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000066625 (9)**  
 1. Corporation Name  
**AERO MASTERS, INC.**



Principal Place of Business <b>1816 GLEN WOOD ROAD DELAND FL 32720</b>	Mailing Address <b>1816 GLEN WOOD ROAD DELAND FL 32720</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		EEI Number		Applied For	
21	<b>DELAND AIRPORT</b>	26	<b>1075 FLIGHTLINE BLVD</b>	<b>08/01/1997</b>		<b>59-3460058</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22	<b>1075 FLIGHTLINE BLVD</b>	27	<b>DELAND, FL</b>	<input type="checkbox"/>					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
23	<b>DELAND, FL.</b>	28	<b>32724 VOLUSIA</b>	<input type="checkbox"/>					
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
24	<b>32724</b>	25	<b>VOLUSIA</b>	29	<b>"</b>	30	<b>"</b>		
Zip		Country		Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				B1	Name			<b>LAVONNE JOHNSON</b>
				B2	Street Address (P.O. Box Number is Not Acceptable)			<b>1075 FLIGHTLINE BLVD</b>
				B3	City			<b>DELAND, FL</b>
				B4	Zip Code			<b>32724 FL</b>

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: *Lavonne Johnson* DATE: **4/8/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, LAVONNE</b>	1.2 NAME	
STREET ADDRESS	<b>1816 GLEN WOOD ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELL JOHNSON</b>	2.2 NAME	
STREET ADDRESS	<b>1890 N.E. 118 RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI, FL 33181</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIANE D'ALESSANDRO</b>	3.2 NAME	
STREET ADDRESS	<b>1720 N.W. 108 TERR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL BORRELLI</b>	4.2 NAME	
STREET ADDRESS	<b>1720 N.W. 108 TERR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EURB. SWISS GLOBAL FINANCE LIMITED</b>	5.2 NAME	
STREET ADDRESS	<b>90 SPIVACK &amp; CAFLAN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>12000 BISCAYNE BLVD. SUITE 803</b>	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	<b>MIAMI, FL 33181</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-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.

CR2E034 (10/97)