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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Apr 09, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Kathorine Harris** Secretary of State

04-09-1999 90007 043 ***150.00

FILED

DOCUMENT #	P97000066625

1. Corporation Name

AERO MASTERS, INC.

Principal Place	e of Business	Mailing Address			ת בוותה זוניםה ונוסס נווסה וושה ופוסו הנוסו מחונימטני	ועשו וווע ועקוו עוווע שווגע פולו
DELAND AIRPO		AERO MASTERS, INC			}	
1075 FLIGHTLIN	IE BLVD, 13 E. 7	1075 FLIGHTLINE BLVD			SO NOT MOTE IN THE	00.4.05
DELAND FL 327	724	DELAND FL 32724			DO NOT WRITE IN THIS	SPACE
US		U\$			3. Date Incorporated or Qualifed	
2 Dringing D	Ison of Business	22 Mailing Address			08/01/1997 4. FEI Number	Applied For
	2. Principal Place of Business 2a. Mailing Address				59-3460058	Not Applicable
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.			" 	\$8.75 Additional
		27			5. Certifcate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country Zip		Zip	Country		8. This corporation owes the current year Inta	ngible
24 25 29 30		0]			☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	gent
IOUI	MOON I AVONNE	•	81	Name		
	NSON, LAVONNE	44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
2.1	FLIGHTLINE BLVD AND FL 32724	A STATE OF THE STA				
Contract OEC	44D FL 32124	Seturn Control	83			
ı			84	City	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
11. Pursuant	to the provisions of Sections 607.056 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes of Florida. Such change was aut	, the above horized by	-named corp the corporati	poration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoin	hanging its registered tment as registered
agent l'a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes.		· · · · · · · · · · · · · · · · · · ·	·
SIGNATURE		<u> </u>				
12,	Signature, typed or printed name of registered age	ND DIRECTORS	13.	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	 	ABBITTOTO INTEREST TO STATE OF THE	☐ Change ☐ Addition
NAME	JOHNSON, LAVONNE	- •	1.2 NAME	1		_ , _
STREET ADDRESS	1816 GLEN WOOD ROAD	-	1.3 STREET	ADORESS		
CITY-ST-ZIP	DELAND FL 32720		1.4 CITY-ST			
TITLE	VP	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME.	JOHNSON, NELL		2.2 NAME	ĺ		
STREET ADDRESS	1890 NE 118 RD		2.3 STREET	ADDRESS		
-CITY-ST-ZIP	_N_MIA.EL.33181		-2-4 CITY-8	T-ZIP		
TITLE	8	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	D'ALEESANDRO, DIANE		3.2 NAME			
STREET ADDRESS	1720 NW 108 TERR		3.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4. CITY-51	T-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	BORRELLI, PAUL		4. 2 NAME			
STREET ADDRESS	1720 NW 108 TERR		4.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-\$1	-ZIP		
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change ☐ Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET	J		
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		
TITLE		☐ DELETE	6.1 TITLE	ļ		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	Ļ		
CITY-ST-ZIP	A A A A A A A A A A A A A A A A A A A	11 41 1 EV - 4	6.4 CITY-ST	-ZIP	Casting 440 07/0V() Florida Charles 1 forth an anni	

I nerepy 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, with all other like empowered.

SIGNATURE: LAVORIGE TOHRESONCHOP

204-736-733