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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000102082**1. Corporation Name

AEROSPACE INTEGRATION CORP.

						- i imatimat isa sassi sans aans aans					
Principal Place	e of Business	Mailing Address									
434-B MARY ES		434-B MARY ESTHER									
FT WALTON BEACH FL 32548 US		FT WALTON BEACH FL 32548 US				DO NOT WRITE IN THIS SPACE					
03		UO				3. Date Incorporated or Qualifed					
						12/01/1997					ı
2 Principal P	face of Business	2a. Mailing Address				4. FEI Number		\Box	Appli	ed For	l
2. Principal Place of Business		26 634-ANCHORS ST. Nh			1	59-3482472		Not Applicable		i	
	#, etc.	Suite Apt. #, etc.	رے ک	, 1414				\$8.7		ditional	İ
22 200	<u>.</u> '	27 202			_ :	5. Certifcate of Status Desired		Fee	Requ	iired	
City &-State		City & State	<u> </u>			6. Election Campaign Financing			00 м	•	l
23		28				Trust Fund Contribution			ed to I	rees	ı
Zip	Country	Zíp _	Cour	itry		8. This corporation owes the curre				1	1
24	25		30			Personal Property Tax.		Yes]No	ı
	9. Name and Address of Current	Registered Agent		04		10. Name and Address of New R	egisterea /	Agent			l
CON	IZALEZ CEODOE I			81 Nam	е						l
	IZALEZ, GEORGE L		ŀ	82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)				_	
	B MARY ESTHER CUTOFF			63	4A	NCHORS STREET, NW					
FIN	VALTON BEACH FL 32548			83 S	uti	e 202					l
			· [84 City			FL	85 2	Zip Co	de	l
			- the eb		d corne	viction submits this statement for the r		changing	its re	gistered	1
44 5	1. M									9.010.00	١
office or r	to the provisions of Sections 607.0502	of Florida, Such Change was aut	inonzea	DV the co	rporation	n's board of directors. I hereby accept	t the appoir	ntment a	s regis	tered	1
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such Change was aut	inonzea	DV the co	rporation	n's board of directors. I hereby accept	t the appoir	ntment a	s regis	tered	[[
office or r	egistered agent, or both, in the State om familiar with, and accept the obligation	of Flonda, Such change was autions of, Section 607.0505, Flori	tnonzed da Statu	tes.	rporation	n's board of directors. Thereby accept	сите арроп	ntment a	s regis	tered	
office or n agent. I a SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obligation of the control of the state of the control of the state of the st	of Flonda. Such change was autions of, Section 607.0505, Florication and title if applicable. (NOTE: F	da Statu Registered	tes.	rporation	when reinstating)	DATE	mnen a			
office or ragent. I a SIGNATURE 12.	egistered agent, or both, in the State or maintain with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	of Florida. Such change was autions of, Section 607.0505, Floridated the Happicable. Online of Applicable (NOTE: Floridated) (NO	da Statu	by the co les. Gent signatu	rporation	n's board of directors. Thereby accept	DATE	mnen a	CTOR		
office or ragent. I a SIGNATURE 12.	egistered agent, or both, in the State or m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS ANI	of Flonda. Such change was autions of, Section 607.0505, Florication and title if applicable. (NOTE: F	Registered A	tes. Agent signatu	rporation	when reinstating)	DATE	D DIREC	CTOR	S IN 12	60
office or ragent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L	of Florida. Such change was autions of, Section 607.0505, Floridated the Happicable. Online of Applicable (NOTE: Floridated) (NO	Registered 13.	by the cotes. Igent signatu	re required	when reinstating)	DATE	D DIREC	CTOR	S IN 12	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of the state of the	of Florida. Such change was autions of, Section 607.0505, Floridated the Happicable. Online of Applicable (NOTE: Floridated) (NO	Registered 13. 1.1 TIT 1.2 NA	Dy the cotes. Agent signatu E ME REET ADDRE	re required	when reinstating)	DATE	D DIREC	CTOR	S IN 12	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manifest of the state of manifest of the state	of Florida. Such change was autions of, Section 607.0505, Floridated the Hamiltonian (NOTE: 6 D DIRECTORS	Registered J 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT	Agent signatu E ME REET ADDRE	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIREC	CTORS	S IN 12	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of the state of manual states of the stat	of Florida. Such change was autions of, Section 607.0505, Floridated the Happicable. Online of Applicable (NOTE: Floridated) (NO	Registered 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT	Dy the colles. Agent signatu E ME REET ADDRE	re required	when reinstating)	DATE	D DIREC	CTORS	S IN 12	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of the state of manual states of the stat	of Florida. Such change was autions of, Section 607.0505, Floridated the Hamiltonian (NOTE: 6 D DIRECTORS	Registered J 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT	Dy the colles. Agent signatu E ME REET ADDRE	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIREC	CTORS	S IN 12	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Floridated the Hamiltonian (NOTE: 6 D DIRECTORS	Registered 13. 1.1 TIT 1.2 NAV 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAV	Dy the colles. Agent signatu E ME REET ADDRE	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIREC	CTORS	S IN 12	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of the state of manual states of the stat	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE	Registered / 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.5 NAI 2.5 N	Dy trie Colles. Agent signature E REET ADDRE Y-ST-ZIP E REET ADDRE Y-ST-ZIP Y-ST-ZIP Y-ST-ZIP	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIREC	CTORS	S IN 12 Addition	
office or ragent. I at agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Floridated the Hamiltonian (NOTE: 6 D DIRECTORS	Registered da Statu	Dy trie Colles. Agent signature E REET ADDRE Y-ST-ZIP E REET ADDRE Y-ST-ZIP Y-ST-ZIP Y-ST-ZIP	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIREC	CTORS	S IN 12	
office or ragent. I at agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE	Registered / 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.5 NAI 2.3 STF 2.4 CIT 2.5 NAI 2.5 N	E ME REET ADDRE Y-ST-ZIP E ME REET ADDRE Y-ST-ZIP E E E E E E E E E E E E E	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIREC	CTORS	S IN 12 Addition	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE	Registered 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI	E ME REET ADDRE Y-ST-ZIP E ME REET ADDRE Y-ST-ZIP E E E E E E E E E E E E E	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIREC	CTORS	S IN 12 Addition	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE	Registered J 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF	E ME REET ADDRE Y-ST-ZIP E ME REET ADDRE Y-ST-ZIP E ME ME ME ME ME ME ME ME ME	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR	CTORS	S IN 12 Addition Addition	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE	Registered J 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF	E ME REET ADDRES Y-ST-ZIP	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIREC	CTORS	S IN 12 Addition	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE	Registered J 13. 1.1 TIT 1.2 NAI 1.3 STI 2.1 TIT 2.2 NAI 2.3 STI 2.4 CI 3.1 TIT 3.2 NAI 3.3 STI 3.4 CI 3.4 CI	E ALE REET ADDREST Y-ST-ZIP E ALE REET ADDREST ADDRES	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR	CTORS	S IN 12 Addition Addition	
office or ragent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE	Registered J 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4.2 N	E ALE REET ADDREST Y-ST-ZIP E ALE REET ADDREST ADDRES	ss Div	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR	CTORS	S IN 12 Addition Addition	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 2.4 CT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CT 4.1 TIT 4.2 NAI 4.3 STF 4.3 STF	Agent aignature. E ME REET ADDRE: Y-ST-ZIP E ME REET ADDRE: Y-ST-ZIP E ME REET ADDRE: Y-ST-ZIP E ME M	ss Div	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR Char	CTOR:	S IN 12 Addition Addition	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 2.4 CT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CT 4.1 TIT 4.2 NAI 4.3 STF 4.3 STF	Agent signature. E ME REET ADDRE: Y-ST-ZIP	ss Div	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR	CTOR:	S IN 12 Addition Addition	
office or ragent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE	Registered J 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.4 CIT 4.4 C	Agent signature. E ME REET ADDRE: Y-ST-ZIP E	ss Div	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR Char	CTOR:	S IN 12 Addition Addition	
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE	Registered J 13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.2 TIT 5.1 TIT 5.2 NAI 5.2 N	Agent signature. E ME REET ADDRE: Y-ST-ZIP E	ss Division Services	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR Char	CTOR:	S IN 12 Addition Addition	
office or ragent. I at agent.	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual states of manual states. Signature, typed or printed name of registered agent OFFICERS AND P GONZALEZ, GEORGE L 505 RUE DEMARSEILLES MARY ESTHER FL 32569 ST SOHAL, VERINDER 1376 GOLF STREET	of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 2.4 CIT 3.1 TIT 2.2 NAI 2.3 STF 3.4 CIT 4.1 TIT 4.2 NAI 3.3 STF 4.5 TIT 5.1 TIT 5.2 NAI 5.3 STF 5.1 TIT 5.2 NAI 5.3 STF	Agent aignature. E ME REET ADDRE: Y-ST-ZIP	ss Division Services	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR Char	CTOR:	S IN 12 Addition 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, with all other like empowered.

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90033 030 ***150.00