


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

FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra J. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000105192 (3) 1. Corporation Name AEROMAG, INC.		
Principal Place of Business 1119 QUIET CREEK ROAD PENSACOLA FL 32514		Mailing Address 1119 QUIET CREEK ROAD PENSACOLA FL 32514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 212 GARRISON POINT RD. Suite, Apt. #, etc. 22 City & State 23 Milton FL Zip 24 32583		2a. Mailing Address 26 212 GARRISON POINT RD. Suite, Apt. #, etc. 27 City & State 28 Milton FL Zip 29 32583		3. Date Incorporated or Qualified 12/15/1997	
Country U.S.		Country U.S.A.		4. FEI Number 59-3495158	
9. Name and Address of Current Registered Agent MANNING, CHRISTOPHER B 1119 QUIET CREEK ROAD PENSACOLA FL 32514		10. Name and Address of New Registered Agent 81 Name MANNING Christopher B. 82 Street Address (P.O. Box Number is Not Acceptable) 212 GARRISON POINT RD. 83 84 City Milton FL 85 Zip Code 32583		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 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MANNING, Christopher B. 212 GARRISON POINT RD. Milton FL 32583	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / SCOTT WHITE 5217 GUNNETT DR. Palm FL 32571	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE:

Christopher B. Manning

29 APR 98

850-623-8300

852-0719

CR2E034 (10/97)