PROFIT



FLORIDA DEPARTMENT OF STATE

	UAL REPORT 1999		Secreta	ine Harris ry of State CORPORATIONS		,
1. Corporation	MENT # PS on Name W AEROSPACE, IN	800006	6724			
					110111081 HO 1828 HOW COME BOY TO BE A SECOND FOR THE SECOND SECON	
Principal Place of Business Mailing Address					1 100110E1 110 1\$181 1\$111 0\$111 0\$111 0\$111 0\$1	SIN BESIN MUSEL ANDIN IIRII MUNI INNI
7581 SIERRA TERRACE BOCA RATON FL 33433			581 SIERRA TERRACE IOCA RATON FL 33433		DO NOT WRITE IN TH	HS SPACE
					3. Date Incorporated or Qualifed 07/30/1998	
2. Principal F	Place of Business	2	a. Mailing Address		4. FEI Number COCO (ICO	Applied For
21	·	26	Andrew Control of the		Les-0853480	Not Applicable
Suite, Apt.	. #, etc.	<u></u>	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta		27	City & State			Fee Required
23		28	1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Zip	Country	8. This corporation owes the current year	entre de la contrata de la contrata de entre de
24	25	29		30	Personal Property Tax	Yes ElNo
	9. Name and Addre	ss of Current Reg	istered Agent		10. Name and Address of New Registers	d Agent
AAAC	RILAWYER			81 1700	hael Kerry	
	ALMERIA AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134	1		83 12 8	1 Sierra remace	·
•		•		63		
				84 CH2		85 Tes Codes
dd Disassad	to the containing of Conf	ann 607 0500 and	CO7 1E00 Florido Chata		a nation F	L] 33433
office or i	registered agent, or both.	in the State of Flor	ida. Such change was a	es, the above hamed corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ontment as registered
1	im familiar with, and acce	pythe oblightions of	of, Section 607.0505, Flo	rida Statutes	n_{0}	75-1000
SIGNATURE	Signature, typed or printed name	of registered agent and litt	e is applicable (NOTE	Registered Agent signature require	ed whon reinstating) DATE	28 1999
12.	OI	FICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	'STD		[] DELETE	1 1 TITLE		[]Change []Addition
NAME	KERRY, MICHAEL			1.2 NAME		
STREET ADDRESS	7581 SIERRA TERRA			13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 3:	3433		14 CITY-ST-ZIP		
TITLE	VD		DELETE	2 1 TITLE	10000220	[Change [] Addition
NAME	KNOBLACH, CHARL			2 2 NAME		-01015012
STREET ADDRESS				23 STREET ADORESS	****150.0	0 ****150,00
CITY-ST-ZIP	BOCA RATON FL 3	1433	El neceté .	2 4 City-ST-ZiP		
TITLE	VD Kerry, Alecia J		[] DELETE	3 1 TITLE		[] Change [] Addition
NAME	SEAL OIFORA TEOR	NOE		3.2 NAME		
STREET ADDRESS	BOCA RATON FL 3			33 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOOK TOTON 1 E S.	7433	[] DELETE	34 CITY-ST-ZIP		[] Change [] Addition
NAME			1 / Occare	4 2 NAME		Ell quarigo Ell viago do se
STREET ADDRESS				4 3 STREET ADORESS		
CITY-ST-ZIP				4.4 City-S1-ZiP		
TITLE	 		[] DELETE	51 TITLE	· · · · · · · · · · · · · · · · · · ·	[] Change [] Addition
NAME				52 NAME		J
STREET ADDRESS				5 3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			(_) DELETE	61 TITLE		[] Addition
NIANAE.				6.2 NAME		(3) 1 10 a

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 attackment with all other like empowered.

6.4 CITY-\$7-ZIP

6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

April 29 1999 Come Proce &