

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90178 035 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000069901**

1. Corporation Name

**AEROSPACE SPECIFICATION METALS, INC.**

552899 - 90008 - 26



Principal Place of Business	Mailing Address
<del>1384 W. McNab Road</del> <del>Ft. Lauderdale, Fl. 33309</del> 1384 W. McNab Road Ft. Lauderdale, Fl. 33309	<del>1384 W. McNab Road</del> <del>Ft. Lauderdale, Fl. 33309</del> 1384 W. McNab Road Ft. Lauderdale, Fl. 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified

08/11/1998

4. FEI Number

65-0780353

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bart Edge	1.2 NAME	
STREET ADDRESS	1384 W. McNab Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Harvey	2.2 NAME	
STREET ADDRESS	1384 W. McNab Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael-Kirksey	3.2 NAME	
STREET ADDRESS	1384 W. McNab Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas H. Bridges	4.2 NAME	
STREET ADDRESS	1384 W. McNab Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309	4.4 CITY-ST-ZIP	
TITLE	Sec/Treas <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tricia Leone Bettini	5.2 NAME	
STREET ADDRESS	1384 W. McNab Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE:

*Tricia Leone Bettini*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99  
 Date

954-977-4285  
 Daytime Phone #

CR2E034 (11/98)