

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90096 044 ***150.00

DOCUMENT # P98000074335

1. Corporation Name
AEROSPACE SALES, INC.

Principal Place of Business
3901 NORTHWEST 145TH STREET
BUILDING #147
OPA LOCKA FL 33054

Mailing Address
3901 NORTHWEST 145TH STREET
BUILDING #147
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1998

4. FEI Number

65-0863050

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

2. Principal Place of Business

21 2819 Polk st

Suite, Apt. #, etc.

22

City & State

23 Hollywood FL

Zip

24 33020

Country

25 USA

2a. Mailing Address

26 P O Box 220711

Suite, Apt. #, etc.

27

City & State

28 Hollywood, FLORIDA

Zip

29 33022

Country

30 USA

9. Name and Address of Current Registered Agent

SIMMONS, ROBERT S
3901 NORTHWEST 145TH STREET
BUILDING #147
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name

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

2819 Polk St

83

84 City Hollywood

FL

85 Zip Code
33020

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 ☐ DELETE

TITLE ☐ DELETE

NAME
D SIMMONS, ROBERT S
STREET ADDRESS
3901 NORTHWEST 145TH STREET BLDG. #147
CITY-ST-ZIP
OPA LOCKA FL 33054

TITLE ☐ DELETE

NAME
D RING, GEORGE
STREET ADDRESS
3901 NORTHWEST 145TH STREET BLDG. #147
CITY-ST-ZIP
OPA LOCKA FL 33054

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
2819 Polk St
1.4 CITY-ST-ZIP
Hollywood, FL 33020

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2819 Polk St
2.4 CITY-ST-ZIP
Hollywood, FL 33020

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: *George Ring Jr* SIGNATURE REQUIRED RING JR

4/26/99

954 927 1933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0153152

CR2E034 (1/98)