## 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 # S47571

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90077 007 \*\*\*158.75

1. Corporation AEREX I	NDUSTRIES, INC.								())	
Principal Place	e of Business		lailing Address					HAR IINI NINII H		is Bibit dialit 1981
-										
3504 INDUSTRIAL 27TH ST. 3504 INDUSTRIAL 27TH ST. FT. PIERCE FL 34946 FT. PIERCE FL 34946				•			DO NOT WEE	FE 161 THE	CDACE	
							DO NOT WRI	IE IN THIS	SPACE	
							3. Date Incorporated or Qualifed			ĺ
2. Principal Place of Business 2a. Mailing Address							04/22/1991 4. FEI Number			Applied For
2. Principal Place of Business			26 26							Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							Additional
22			27				5. Certifcate of Status Desired	Z	•	Required
City & State			City & State				6. Election Campaign Financing S5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country				8. This corporation owes the current year Intangible			
24	25 29			30			Personal Property Tax.		ĭ Yes	□No
	9. Name and Address of Curre	nt Regis	stered Agent		24		10. Name and Address of New F	Registered	Agent	
DOA	SNICK THOMAS A 1				81	Name	<u>.</u>			
DONNICK, THOMAS A. J. 3504 INDUSTRIAL 27TH ST. FT. PIERCE FL 34946			_		82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
			•							
FIL	FIENCE PE 34940				83					
					84	City		FL	85 Zip	Code
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Flori	da. Such change was a f, Section 607.0505, Flo	utnorized rida Statu	tes.	tne corporation	oration submits this statement for the on's board of directors. I hereby acce	or the appoi	ntment as	registered
	Signature, typed or printed name of registered age				Agen	t signature require	ADDITIONS/CHANGES TO OF	DATE EICEDS AN	D DIDECT	TOPS IN 12
12.	OFFICERS AI	ND DIRE	□ DELETE	13.			ADDITIONS/CHANGES TO OF	FICENS AN	Change	
TITLE	PONNICK THOMAS A ID		□ DECE IE	1.2 NA					C chang	
NAME	DONNICK, THOMAS A., JR.					ADDRESS				
STREET ADDRESS				1.4 CIT						
CITY-ST-ZIP TITLE	FT. PIERCE FL		☐ DELETE	2.1 TIT		1-235			☐ Change	e Addition
NAME	BERNERO, J D			2.2 NA	ME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	PSL FL 34986			2. 4 Cl						i
TITLE	1001004900		☐ DELETE	3.1 TIT					Change	Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	T ADDRESS				Ì
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP				
TITLE			☐ DELETÉ	4.1 TIT	LE			· · · · · ·	☐ Chang	e
NAME				4. 2 N	ME					
STREET ADDRESS				4.3 ST	REET	F ADDRESS				
CITY-ST-ZIP				4.4 C/I	Y-S1	T-ZIP				
TITLE			☐ DELETE	5.1 TIT					Chang	e 🔲 Addition
NAME				5.2 NA			•			•
STREET ADDRESS	3					T ADDRESS				ļ
CITY-ST-ZIP				5.4 CIT		T-ZIP				- DAddies
TITLE			☐ DELETE	6.1 TIT					☐ Chang	e 🗌 Addition
NAME				6.2 NA						ţ
STREET ADDRESS	6					TADDRESS				
000/ 07 700	1			6.4 CI	IY-SI	T-71P				

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:

561-461-000-1