

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90111 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S50644

1. Corporation Name

PRECISION GILDE AEROGROUP, INC.



Principal Place of Business TAMiami AIRPORT MIAMI FL 33186 US	Mailing Address 534 NE 8TH AVENUE FT. LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1991	
21		26	401 OCEAN DRIVE	4. FEI Number 65-0262319	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27	# 617	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28	MIAMI BEACH, FL	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29	33139	30	USA

9. Name and Address of Current Registered Agent

GILLILAND, CHRISTINA L
534 NE 8TH AVENUE
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name	GILLILAND, CHRISTINA L.
82 Street Address (P.O. Box Number is Not Acceptable)	401 OCEAN DRIVE
83 #	617
84 City	MIAMI BEACH FL
85 Zip Code	33139

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLILAND, BRENT R.	1.2 NAME	
STREET ADDRESS	534 NE 8TH AVENUE	1.3 STREET ADDRESS	401 OCEAN DRIVE #617
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLILAND, CHRISTINA	2.2 NAME	
STREET ADDRESS	534 NE 8TH AVENUE	2.3 STREET ADDRESS	401 OCEAN DRIVE #617
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:  Christina Gilliland 2-12-99 (305) 534-3447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0279481