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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V51374

(9)

AEROSPACE SUPPLY INC.

FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
3901 N.W. 145 ST.	3901 NW 145TH STREE	₹		
BLDG. 147	BLDG. #147	ı		
OPA LOCKA FL 33054	OPA LOCKA FL 33054		DO NOT WRITE IN THIS S	SPACE
US	U\$		3. Date Incorporated or Qualified	
	_ _		07/17/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0347804	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stato	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the curr	
24 25	 	30	· · · · · · · · · · · · · · · · · · ·	Yes D No
g. Name and Address of Current		T	10. Name and Address of New Registered A	
RING, GEORGE E JR.		81 Name		
8734 S.W. 3RD ST., SUITE 103		90 5000	ess (P.O. Box Number Is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
PEMBROKE PINES FL 33025			15 5.W. 1316E Street	
		83	S D.B. R. C. DOLLE	
				1.1
		84 City	per Ciba FL	85 Zip Code 3つひより
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp		changing its registered
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of the obligation of the obligat	of Florida. Such change was a Jons of Section 607 0505. Flo	uthorized by the corporati	on's board of directors. I hereby accept the appo	pintment as registered
SIGNATURE SERVE & Par		Tipo Otalajao.	V/22/18	
Signature, typed or printed name of registered again	and life if applicable (NOTE	. Registered Agent signature require	ad when rainstaling) DATE	
12. OFFICERS AND	· · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE DP	☐ DELETE	1.1 THLE	i	∐ Change
NAME SIMMONS, ROBERT SCOTT		1.2 NAME		
STREET ADDRESS 2731 MADISON ST		1.3 STREET AUDRESS		
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME RING, GEORGE E JR		2.2 NAME		
STREET ADDRESS 8734 S.W. 3RD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PINES FL.		2. 4 CITY - ST - ZIP		
TITLE ST	☐ DELETE	3.1 TITLE	· ·	Change Addition
NAME SIMMONS, MARVA A		3.2 NAME		
STREET ADDRESS 2731 MADISON ST CITY-ST-ZIP HOLLYWOOD FL		3.3 STREET ADDRESS		
CITY-ST-ZIP HOLLTWOOD PL	☐ DELETE	3.4. CITY-ST-7IP		Change Addition
	רון אנוג ונ	4.1 TITLE	· ·	La Unange La ADOILION
NAME CTOCKT ANNOFOR		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	S-F DECEM	5.2 NAME	'	
STREET ADDRESS		5.3 STREET ADORESS		ļ
CITY-ST-ZIP		5.4 CITY - S1 - ZIP	•	ľ
TITLE	DELETE	6.1 Till!		Change 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 surplied	til s liling does not qualify for	the exemption stated in 5	Section 119.07(3)(i), Florida Statules. I further cer	tify that the information
indicated on this annual report or supplier of the officer or director of the corporation of the director.	agricult report is true and accu	rate and that my signature	e shall have the same legal effect as if made und ired by Chapter 607, Flor da Statutes, and that m	ler oath, that I am an