

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000066625 (9)
1. Corporation Name
AERO MASTERS, INC.



Principal Place of Business 1816 GLEN WOOD ROAD DELAND FL 32720	Mailing Address 1816 GLEN WOOD ROAD DELAND FL 32720
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 DELAND AIRPORT		2a. Mailing Address AERO MASTERS, INC		3. Date Incorporated or Qualified 08/01/1997		EEI Number 59-3460058		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
22 1075 FLIGHTLINE BLVD		27 DELAND, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
23 DELAND, FL.		28 32724 VOLUSIA							
Zip		Country		Zip		Country			
24 32724		25 VOLUSIA		29 "		30 "			

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				B1 Name LAVONNE JOHNSON			
				B2 Street Address (P.O. Box Number is Not Acceptable) 1075 FLIGHTLINE BLVD			
				B3 DELAND, FL			
				B4 City		B5 Zip Code 32724	
						FL	

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 *Lavonne Johnson* DATE **4/8/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, LAVONNE			1.2 NAME			
STREET ADDRESS	1816 GLEN WOOD ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELL JOHNSON			2.2 NAME			
STREET ADDRESS	1890 N.E. 118 RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI, FL 33181			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIANE D'ALESSANDRO			3.2 NAME			
STREET ADDRESS	1720 N.W. 108 TERR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAUL BORRELLI			4.2 NAME			
STREET ADDRESS	1720 N.W. 108 TERR			4.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL			4.4 CITY-ST-ZIP			
TITLE	EURG. SWISS GLOBAL FINANCE LIMITED	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	90 SPIVACK & CAPLAN			5.2 NAME			
STREET ADDRESS	12000 BISCAYNE BLVD. SUITE 803			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33181			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.

CR2E034 (10/97)