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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90021 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31877

1. Corporation Name
CRESTVIEW AEROSPACE CORPORATION

Principal Place of Business CRESTVIEW AEROSPACE CORP. 5786 FAIRCHILD ROAD CRESTVIEW FL 32539-8157	Mailing Address CRESTVIEW AEROSPACE CORP. 5786 FAIRCHILD ROAD CRESTVIEW FL 32539-8157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Country 30

3. Date Incorporated or Qualified 11/21/1990	
4. FEI Number 59-3042245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHANKLIN, CHARLES E.	
STREET ADDRESS	ESPERANZA	
CITY-ST-ZIP	VIEQUES PR 00765	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAWYER, JOHN	
STREET ADDRESS	1 E. 4TH ST, 12TH FL	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHANKLIN, CHARLES R.	
STREET ADDRESS	24368 U.S. RT. 36	
CITY-ST-ZIP	MILFORD CENTER OH 43045	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OWEN, JACK E	
STREET ADDRESS	5486 FAIRCHILD RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUNDLEY, DENNIS C	
STREET ADDRESS	5486 FAIRCHILD RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 (850) 682-2746
 Date Daytime Phone #

CR2E034 (11/98)