

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mazzanti
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018643 (5)

1. Corporation Name
GPS AERIAL SERVICES, INC.



Principal Place of Business
**220-8 LEMONTREE LANE
ORMOND BEACH FL 32174**

Mailing Address
**P O BOX 2566
ORMOND BEACH FL 32174
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Subs., Apt. #, etc.

Subs., Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

**CREED, KENNETH M JR
220-8 LEMONTREE LANE
ORMOND BEACH FL 32174**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.007 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 607.005, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report

Signature of the person authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	CREED, KENNETH M JR	220-8 LEMONTREE LANE	ORMOND BEACH FL 32174	<input type="checkbox"/>
D	POPE, ANDREW	3973 LANCASHIRE LANE	LONGWOOD FL 32779	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and correct 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 shareholder or partner, as indicated 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.

SIGNATURE:

ANDREW POPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

904 677-8422

CR2E034 (12/95)