

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:01

DOCUMENT # **V18991** (2)

1. Corporation Name
P.A.B. AERONAUTICS CORP.

Principal Place of Business Mailing Address
3326 SOUTHERN CAY DRIVE **3326 SOUTHERN CAY DRIVE**
JUPITER FL 33477 **JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/04/1992 **04/11/1994**

2. Principal Place of Business 2a. Mailing Address
21 **3326 SOUTHERN CAY DR.** 26 **3326 SOUTHERN CAY DR.**

4. FEI Number Applied For / Not Applicable
65-0318849 Applied For
 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required
 \$8.75 Additional Fee Required

City & State City & State
23 **JUPITER, FL** 28 **JUPITER, FL**

6. Election Campaign Financing / Trust Fund Contribution \$5.00 May Be Added to Fees
 \$5.00 May Be Added to Fees

Zip Country Zip Country
24 **33477** 25 **FL** 29 **33477** 30 **FL**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BURKE, PAUL A.
3326 SOUTHERN CAY DRIVE
JUPITER FL 33477

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Paul A. Burke* DATE: **1-17-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BURKE, PAUL A.
STREET ADDRESS	3326 SOUTHERN CAY DRIVE
CITY-ST-ZIP	JUPITER FL
TITLE	STV
NAME	BURKE, ELLEN E.
STREET ADDRESS	3326 SOUTHERN CAY DRIVE
CITY-ST-ZIP	JUPITER FL
TITLE	D
NAME	BURKE, ELLEN E.
STREET ADDRESS	3326 SOUTHERN CAY DRIVE
CITY-ST-ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an amendment with an addition.

SIGNATURE: *Paul A. Burke - President* DATE: **1-17-95** **407-746-8786**