

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

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**
US **US**

3. Date Incorporated or Qualified **03/04/1992** 3a. Date of Last Report **01/24/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **3356 BARROW ISL. RD.** 26 **3356 BARROW ISL. RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **JUPITER, FL.** 28 **JUPITER FL**
 Zip Country Zip Country
 24 **33477.** 25 **FLORIDA BEACH.** 29 **33477** 30 **FLORIDA BEACH**

4. FEI Number **65-0318849** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 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 **BURKE PAUL A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **3356 BARROW ISL. RD.**
 83
 84 City **JUPITER, FL** FL 85 Zip Code **33477**

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 **BURKE PAUL A.** DATE _____
Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, PAUL A.	1.2 NAME	BURKE PAUL A.
STREET ADDRESS	3326 SOUTHERN CAY DRIVE	1.3 STREET ADDRESS	3356 BARROW ISLAND, RD.
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	STV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, ELLEN E.	2.2 NAME	BURKE, ELLEN E.
STREET ADDRESS	3326 SOUTHERN CAY DRIVE	2.3 STREET ADDRESS	3356 BARROW ISLAND, RD.
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, ELLEN E.	3.2 NAME	BURKE, ELLEN E.
STREET ADDRESS	3326 SOUTHERN CAY DRIVE	3.3 STREET ADDRESS	3356 BARROW ISLAND, RD.
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER FL. 33477
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address

SIGNATURE: **Paul A. Burke** DATE: **WINTER 1-407-746 8786**
6-18-96 1-716-7541866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)