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**May 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000001904 (0)

1. Corporation Name
THE NEW PIPER AIRCRAFT, INC.



Principal Place of Business
**2026 PIPER DR
VERO BEACH FL 32980**

Mailing Address
**2026 PIPER DR
VERO BEACH FL 32980-1055**

3. Date Incorporated or Qualified **04/19/1995** 3a. Date of Last Report **03/13/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-2809685		Applied For Not Applicable	
21. Suite, Apt. #, etc.		28. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent
**CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH FL 32983**

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CVD	<input type="checkbox"/> DELETE
NAME	SCHREIBER, RICHARD R	
STREET ADDRESS	1629 LOCUST STREET	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIMELING, WILLIAM R	
STREET ADDRESS	1629 LOCUST STREET	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SCHREIBER, PETER D	
STREET ADDRESS	1629 LOCUST STREET	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DOUGLAS B	
STREET ADDRESS	ONE NEW YORK PLAZA 18 FL	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRETT, BARBARA M	
STREET ADDRESS	4617 E OCOTILLO RD	
CITY - ST - ZIP	PARADISE VALLEY AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAKE, HUDSON B	
STREET ADDRESS	2049 CENTURY PARK E SUITE 1500	
CITY - ST - ZIP	LOS ANGELES CA	

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	

REC'D MAY 1 2 1997

14. I do 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.

SIGNATURE: *Paula A. [Signature]* REQUIRED **4/30/97** **561-567-4361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)