

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002420 (6)
 1. Corporation Name
KEYSTONE HELICOPTER CORPORATION



Principal Place of Business 1420 PHOENIXVILLE PIKE WEST CHESTER PA 19380	Mailing Address 1420 PHOENIXVILLE PIKE WEST CHESTER PA 19380
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1995	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
21		2a. Mailing Address		4. FEI Number 23-1596550	
22		27 City & State		Applied For Not Applicable	
23		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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
				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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, PETER JR	12 NAME	
STREET ADDRESS	5 CHELSEA CT	13 STREET ADDRESS	
CITY-ST-ZIP	GLEN MILLA PA	14 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ARIES, MICHAEL S	2.2 NAME	
STREET ADDRESS	SYLVAN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POTTSTOWN PA 19464	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, TIMOTHY P	3.2 NAME	
STREET ADDRESS	804 BIRCHRUN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTER SPRINGS PA 19425	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, DAVID	4.2 NAME	
STREET ADDRESS	877 SKYLINE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAP PA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONEY, JOHN	5.2 NAME	
STREET ADDRESS	260 S VINTAGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE PA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, FREDERICK	6.2 NAME	
STREET ADDRESS	1103 EVESHAM CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA	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.

SIGNATURE:

[Handwritten Signature] **3/3/98** **610-644-4420**

CR2E034 (10/97)