

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L61822 (7)
1. Corporation Name
ALLIED AVIATION, INC.



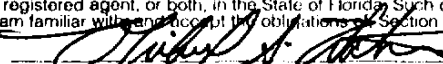
Principal Place of Business 100 W NASA BLVD. MELBOURNE FL 32901 US	Mailing Address 100 W NASA BLVD. MELBOURNE FL 32901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2101 Barnstormer Rd.		2a. Mailing Address 26 POBox 18383		3. Date Incorporated or Qualified 03/26/1990	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0208322	
23 City & State Jacksonville, FL		28 City & State Jacksonville, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32218		29 Zip 32229		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Duval		30 Country Duval		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATSON, LAWRENCE A 100 W NASA BLVD. MELBOURNE FL 32901				10. Name and Address of New Registered Agent	
81 Name				Watson, Michael A.	
82 Street Address (P.O. Box Number is Not Acceptable)				2101 Barnstormer Road	
83					
84 City				Jacksonville FL	
				85 Zip Code 32218	

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: **4-16-98**

Signature required if printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, MICHAEL A	1.2 NAME	
STREET ADDRESS	100 W NASA BLVD.	1.3 STREET ADDRESS	2101 Barnstormer Rd.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32229-8383
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, JULIAN C	2.2 NAME	
STREET ADDRESS	100 W NASA BLVD.	2.3 STREET ADDRESS	2101 Barnstormer Rd.
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	Jacksonville, FL 32229-8383
TITLE	SO <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, LAWRENCE A	3.2 NAME	
STREET ADDRESS	100 W NASA BLVD.	3.3 STREET ADDRESS	1564 Raymore St.
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, H. LAWRENCE	4.2 NAME	
STREET ADDRESS	100 W NASA BLVD.	4.3 STREET ADDRESS	432 St. Johns Drive
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, VINCENT T	5.2 NAME	
STREET ADDRESS	100 W NASA BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:  DATE: **4-16-98 (904) 741-8089**

CR2E034 (10/97)