

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
TALLAHASSEE, FLORIDA 32399-0400

**APPROVED
AND
FILED**

95 MAY -1 AM 8:16

DOCUMENT # **P94000074617 (9)**

To: Corporation Name

ESTES & DAWNS AIRCRAFT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8730 N SHERMAN CIR APT 301
MIRAMAR FL 33025

Mailing Address

8730 N SHERMAN CIR APT 301
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 3a. Date of Last Report
10/11/1994

21. Principal Place of Business

State Apt # etc.

26. Mailing Address

State Apt # etc.

4. FEI Number Applied For
58-2134316 Not Applicable

5. Certificate of Status (Signed) \$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

22. City & State 27. City & State
23. City 28. City & State
24. City 25. County 29. Zip 30. Country

9. Name and Address of Current Registered Agent

CONSALVO, ESTEBAN A
8730 N SHERMAN CIR APT 301
MIRAMAR FL 33025

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 807.09(2) and 807.1508, 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 807.09(5), Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent)

(Signature of person accepting appointment as registered agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-4)

01. NAME	D-12 CONSALVO, ESTEBAN A 8730 N SHERMAN CIR APT 301 MIRAMAR FL 33025
02. NAME	
03. NAME	
04. NAME	
05. NAME	
06. NAME	
07. NAME	
08. NAME	
09. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	

01. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
03. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
04. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
07. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
08. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
09. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. The filer hereby certifies that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in law 95-117, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95